

# THE AMERICAN JOURNAL of OCCUPATIONAL THERAPY

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# THE AMERICAN JOURNAL of OCCUPATIONAL THERAPY

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March-April

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Vol. V No. 2

## REMEDIAL GAMES AS AN OCCUPATIONAL THERAPY MODALITY IN THE TREATMENT OF PHYSICAL DISABILITIES\*

LUCY K. BOESHART, O.T.R.\*\*

and

LESLIE BLAU, M. D.\*\*

Remedial games may be used quite successfully as a therapeutic modality by the occupational therapist in the treatment of physical disabilities. Games have been used for this purpose on a limited scale, mainly to administer exercises to children.<sup>1</sup> Coulter<sup>2</sup> employed games as a remedial activity but even his primary purpose was recreation to give mental relaxation after the workshop. The kinetic application of games within the framework of a well rounded occupational therapy program in a general hospital has been largely neglected. The reason might be that an activity which engages affected, as well as unaffected muscles could be considered only diversional and therefore by implication non-therapeutic.<sup>3</sup>

We have used this modality in our occupational therapy clinic with increasing vigor for the last three years. It gives great satisfaction to the patient by virtue of all the benefits of play<sup>4</sup> simultaneously administering specific exercises as prescribed by the physician.

In the rehabilitation of patients with fractures, dislocations, strains, sprains, burns, lacerations of tendons, peripheral nerve injuries, arthritis and other general medical and surgical conditions, remedial games provide rhythmic contraction and relaxation of the muscles, coordination, adequate range of motion of joints and graded resistance.

For the average patient whose period of hospitalization is brief, there is a need to gain the desired results in as short a period as possible. Kinetic games become very useful for this type of patient since elaborate preparation is not required and treatment may be initiated immediately. Games also offer interest and a competitive spirit so that some patients can be treated through this medium rather than through creative modalities in the

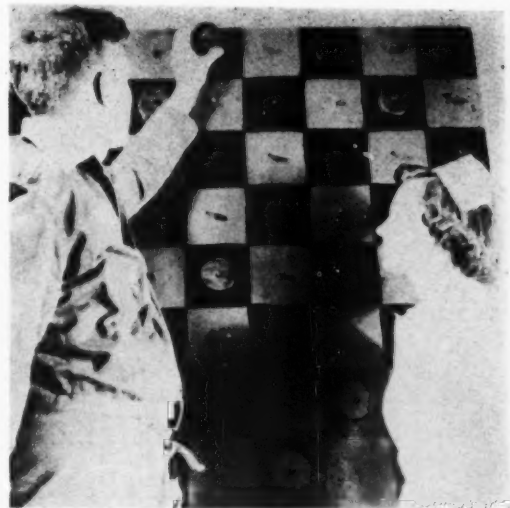


Figure 1.

*Wall checkers illustrating abduction of the shoulder*

initial stage of therapy. For the most part, games are used as early treatment to mobilize stiff joints, to strengthen weak muscles and to re-establish neuro-muscular coordination. In the middle and advanced stages of treatment gradation of resistance may be readily provided through use of games.

The degree to which therapeutic games prove beneficial as treatment depends upon the proper

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\*\*From the Physical Medicine Rehabilitation Service, Veterans Administration Center, Wadsworth, Kansas.

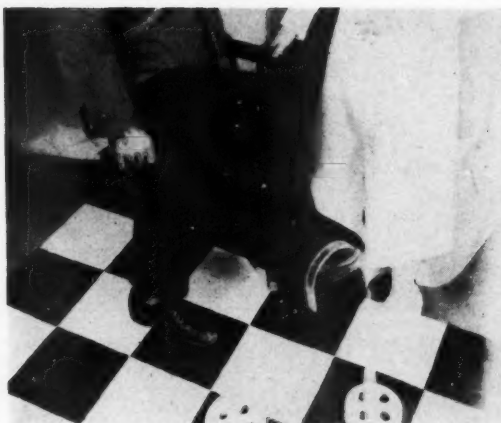


Figure 2.  
Floor Checkers

analysis and application of the game selected. Most games are extremely adaptable and may be played in a variety of ways. Substitution of motion must be prevented by proper positioning of the patient, clear instructions and close supervision by the

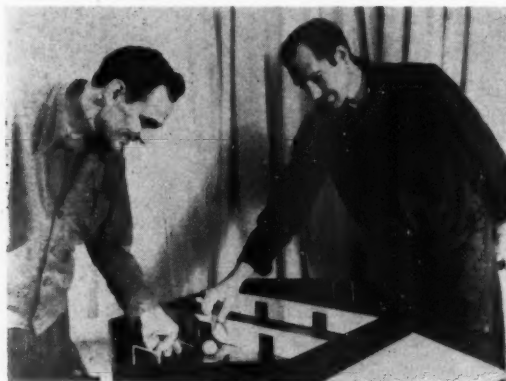


Figure 3.  
Squeeze Hockey for Increasing Strength of Grip

therapist. Games are preferably played with the therapist and are manipulated in such a way that the patient is encouraged to strive against and to excel the therapist.<sup>2</sup>

#### DESCRIPTION AND APPLICATION OF GAMES

Wall checkers may be adapted for functional use of the upper extremities. A pulley system to raise and lower the large wall checker is used in order to provide positioning for all patients. The checkers are discs, graded in size and weight with a central hole fashioned to fit the peg in the middle of each block on the checker board. (See Fig. 1)

In analyzing wall checkers we find the primary motions which are possible, depending on the position of the patient, are abduction, adduction and flexion of the

shoulder; flexion and extension of the elbow. For example, a patient requiring increased abduction of the arm should be placed with the affected side toward the board, while a patient requiring flexion of the arm must stand facing the board. Changing the size and weight of the discs and the height of the board provides gradation of resistance and range of motion as required.

Floor checkers are relatively simple to construct, as a large checker board, with eight inch square blocks, may be painted on the floor of the occupational therapy clinic. Checkers cut of plywood approximately six inches in diameter and two inches in thickness are adequate. A strip of quarter inch plastic, one inch in width, twelve inches long, bent in semi-circle and attached to the sides of the checker furnishes an excellent means of lifting the checker with the foot. The patient's foot is placed in this loop and then the checker is moved from one block to another. Holes drilled in the disc provide space for lead weights which are added for purposes of graded resistance.

The specific motions obtainable by using floor checkers as treatment are: flexion and extension of the hip, flexion and extension of the knee, plantar and dorsiflexion as well as inversion and eversion of the ankle. The position of the patient, whether sitting or standing, controls the specific range of motion. Floor checkers have also proven to be a good modality for training in lower extremity coordination, in treating certain neurological conditions such as tabes dorsalis. (See Fig. 2)

To increase strength of grip, improve thumb opposition, and to obtain increased mobility at the metacarpal phalangeal joints of the fingers, squeeze hockey is quite effective. This game is played with a rubber ball syringe which, when squeezed, exudes air which moves the puck (ping-pong ball) toward the opponent's goal. In order to continue the course of the puck, alternate contraction and relaxation of the finger flexors in grasping the syringe is necessary. (See Fig. 3)

Shuffleboard has many advantages in treating both upper and lower extremity injuries but primarily it provides elbow and shoulder motions. The game may be played with the foot, pushing the disc instead of using a regular shuffleboard stick. It is thereby possible to obtain hip flexion, knee and ankle extension in this manner.

Floor shuffleboard, using a bilateral handle, may be used for body hyperextension in such cases where strengthening of erector spinae is indicated such as post-operative spinal fusions and chronic recurrent low back pain. (See Fig. 4)

Paddle Hockey, played on a table similar to that of squeeze hockey, is applied for pronation and supination of the forearm. This activity may be graded by using heavier balls. (See Fig. 5)

Many standard games have important potentialities and interest and need only be adapted slightly for treatment.

(Continued on Page 58)



Figure 4.  
Bilateral Shuffleboard Paddle  
and Double Handle Ping-  
pong Paddle.



# TWO DEVICES FOR USE IN TREATING HEMIPLEGICS

ELIZABETH S. FORBES, O.T.R.

Assistant Director of O.T.

Institute for the Crippled and Disabled

New York City

The devices presented were contrived for specific hemiplegic patients at the Institute, whose case histories are given here. The first is an adaptation of a sandblock for treating an arm that has some return of shoulder and elbow function; the second is for aid in training the unaffected arm when it has been necessary to shift dominance.

The sandblock (Fig. 1) was adapted for a 62-year-old male hemiplegic who had had a cerebral vascular accident two years previously. When started in O.T., he had some grasp in his left hand, very little shoulder and elbow motion, and spastic wrist flexors. In addition to his other treatment, he was given sanding on a flat surface with his hand laced into a sandblock for elbow and shoulder flexion and extension. It did not work well, as his wrist would flex when he extended his elbow, the block would nose over, and cease forward

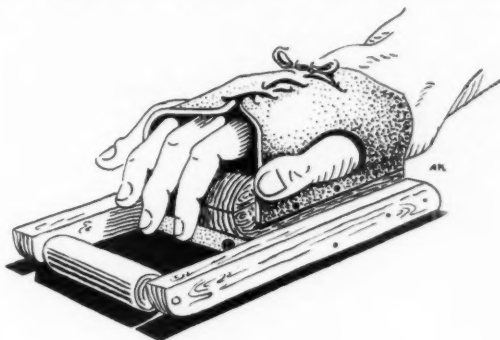


Figure 1.

progress. The following adaptation helped overcome this difficulty.

A strip of wood one inch wide and one-half inch thick was nailed to each side of the sandblock extending two inches beyond the front end, and just above the working surface. A thick piece of doweling (one inch or more) to serve as a roller was cut so as to fit between the extension pieces with about a quarter inch to spare, and a hole was drilled into each end. Nails were driven into each side of the extension pieces about half an inch from the end to serve as axles for the roller, and the extensions were rounded off so that they would not be closer to the working surface than the roller. (The roller should be at such a height that it does not touch the working surface as long as the sandblock is held flat, but will go into operation when the block tilts forward.) This device worked successfully with the patient in that it encouraged a more complete range of motion, as the wrist flexion was no longer allowed to interfere to such an extent as formerly.

A holding device was constructed for a 27-year-

old veteran who had had a traumatic brain injury resulting in aphasia and right hemiplegia (his dominant side). His prescription read, "Needs to learn efficiency with left hand especially with scissors, ruler, and tools." His right hand was useless as an assisting hand, but a vise or clamp worked satisfactorily for practice with carpentry tools. However, the therapist had to hold materials for him when he practiced cutting. The holding device was developed to help make him self-sufficient as far as practice with scissors was concerned, so that he was able to progress from paper to cardboard to cloth, and from straight lines to shapes. It is portable and may be used on a surface of any height, and it is clamped to the right-hand side of the surface for left hand use, and vice versa (Fig. 2).

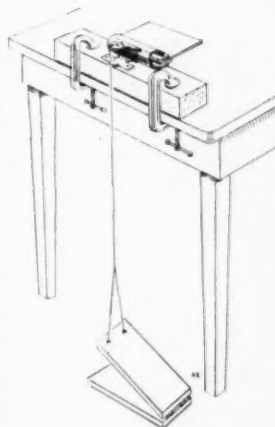


Figure 2.

## CONSTRUCTION DETAILS

Pressure on the treadle opens the jaws of the pinch-clamp; the material may be inserted, then release of the treadle closes the jaws. Generally our patients have worked from a standing position, the leg on the disabled side being strong enough to work the treadle. In cases where the power is not sufficient, it is possible to work from a sitting position. Through use of the treadle the material may easily be shifted for optimal cutting direction. The clamp holds the work about an inch above the working surface, which gives the scissors room for play below. If the material is to be scored or cut with a knife, the working surface may be built up with blocks to a level with the clamp, a metal cutting sheet inserted into the clamp, and additional clamps added to secure the material to the sheet. The same principle may be followed in using a ruler.

The materials needed to construct this device include a large pinch-clamp, a small strip of metal to secure one handle of the clamp to a long narrow block of wood about one inch thick. The treadle consists of a rectangular piece of wood about 9" x 3", and is connected to the upper handle of the pinch clamp by strong cord and held about three inches from the floor. A smaller piece of wood hinged to the front edge of the treadle stabilizes it better but is not really necessary.

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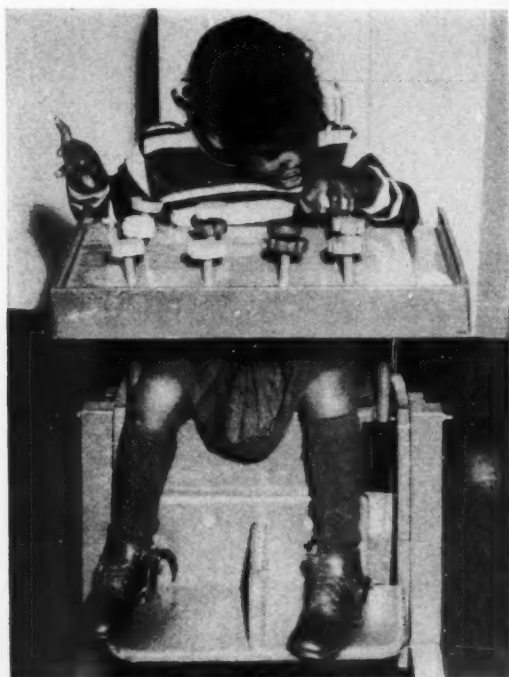
# TOYS FOR CHILDREN WITH CEREBRAL PALSY

*Adapted Toys for a Pre-School Age Clinic*

HELEN L. CRAIG, O.T.R., CHIEF O.T.  
JETTA S. HENDIN, R.P.T., Admin. Director  
Pediatric Cerebral Palsy Clinic, Vanderbilt Clinic,  
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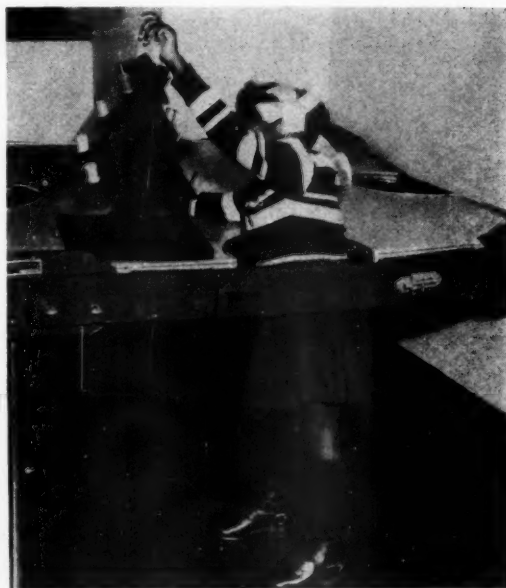
The toys described below were used to meet the particular needs of some of the children attending the Pediatric Cerebral Palsy Clinic in the Columbia Presbyterian Medical Center. This clinic is operated as an out-patient clinic, where children of pre-school age are seen on the average of twice a week. For this reason techniques have been devised which permit the parents of the children to carry out many of the treatments at home.

These toys fulfill such a function. They have been designed to incorporate aspects of both di-



*Playing with Flower Peg Board*

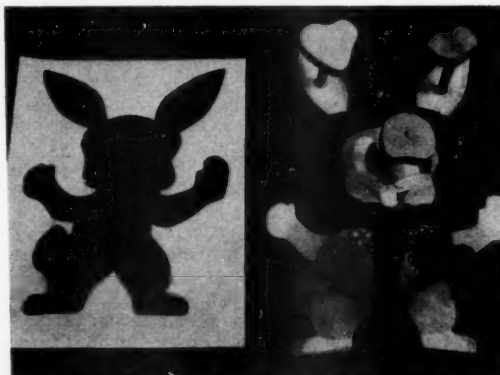
versional and functional therapy. Children respond much more quickly when treatment is started with a play situation rather than with a purely functional approach. Once a child's interest has been established, active participation can be expected. Often handicapped children have had little or no experience in practicing even those simple skills



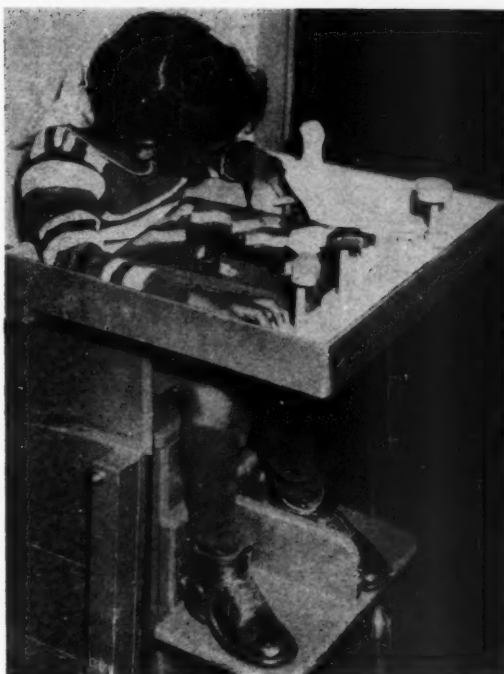
*Putting Star on Christmas Tree*

which they may be potentially capable of performing.

These toys have been used by occupational therapists and physical therapists for developing a work program for both therapist and parent, and additionally for their diagnostic value. They have also aided the therapist in outlining a program for functional therapy.



*Rabbit Puzzle Showing Separate Pieces*



*Learning to Solve Puzzle*

**FLOWER-PEG BOARDS:** A 14" x 14" board is provided with twelve holes spaced 4" apart. Dowel pegs 2" high, topped by flower cut-outs of various shapes and colors fit into 3/4" holes.

**Purpose and Value:** This toy involves the placement of pegs in holes and provides practice in reach, grasp and release. To facilitate the child's grasp and retention, the tops of the pegs are large and have been made in irregular shapes so that they will not slip through the child's fingers. The spacing of the holes is such that there is ample room for handling the individual pieces.

The working surface is flat so the motions can be confined to pure wrist and finger motion if desired. This toy is of value diagnostically in determining the degree to which the child lacks opposition, finger flexion and extension.

**CHRISTMAS TREE:** A four-sided wooden tree is mounted on a heavy, stable base. Three pegs are placed on each branch and removable colored spools fit over the pegs. The tree is topped by a star which is also removable.

**Purpose and Value:** This toy is designed to teach basic reach, grasp and release patterns on a somewhat higher level. To supplement the flat-surfaced conventional peg-board, this toy is built vertically and in three dimensions so that the child can employ, in addition to the principles of reach, grasp and release, the motions of shoulder abduction, forward flexion, elbow extension, forearm pronation and wrist extension.

The principle of color matching provides an additional stimulus for the child whose mental development has progressed beyond his physical development. Furthermore, the familiarity of a toy in the form of a Christmas tree, provides psychological motivation.

**RABBIT PUZZLE:** A 10" x 8 1/2" x 1" board is inlaid with a rabbit cutout of five pieces, each fitted with

**AJOT V, 2, 1951**



*Puzzle Solved*

3" dowel handles with irregularly shaped tops.

**Purpose and Value:** This toy is more advanced. It incorporates not only principles of reach and grasp, but in addition the child is presented with a puzzle situation. In order to solve this problem and complete the puzzle, the child must have an awareness of spatial relationships. The handles attached to these puzzle pieces permit the handicapped child to maneuver and place the parts more accurately. Thus the attention span is better maintained where a discrepancy exists between mental development and physical capability.

## SUMMARY

Three simple toys are described which have proved to be particularly valuable in a pediatric cerebral palsy clinic. In addition to providing treatment media for the teaching of basic skills, they have been used as performance tests in diagnostic evaluation and offer a means of developing a home treatment program.

## TWO DEVICES

(Continued from Page 49)

## SUMMARY

Since the two patients described have used these devices, others with similar problems have used them with encouraging results. It is hoped that the devices will be found useful in other orthopedic O.T. departments.

## TWO FEEDING APPLIANCES\*

MARTHA E. HALL, O.T.R.

Director, Occupational Therapy Department,  
The Children's Hospital School  
Baltimore, Md.

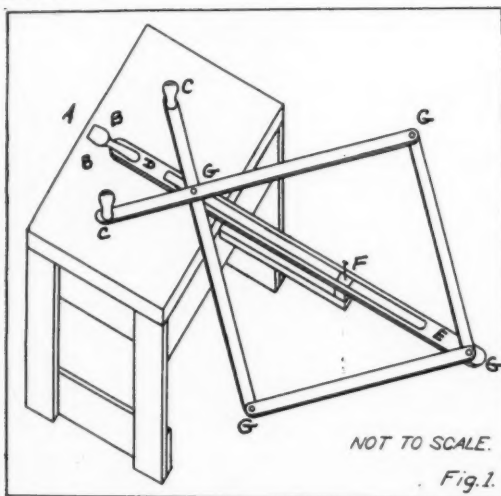
The two feeding appliances described below were used at the Children's Hospital School, Baltimore, Maryland.

Patient—4 year old boy.

Diagnosis — Arthrogryposis multiplex, congenita.

The knees and elbows of this patient were ankylosed in extension with motion limited to 20°-25°. There was much lateral immobility. Shoulders narrow and rotated medially. Clavicle, scapula and humerus were ankylosed bilaterally. Thumbs and fingers somewhat flexed.

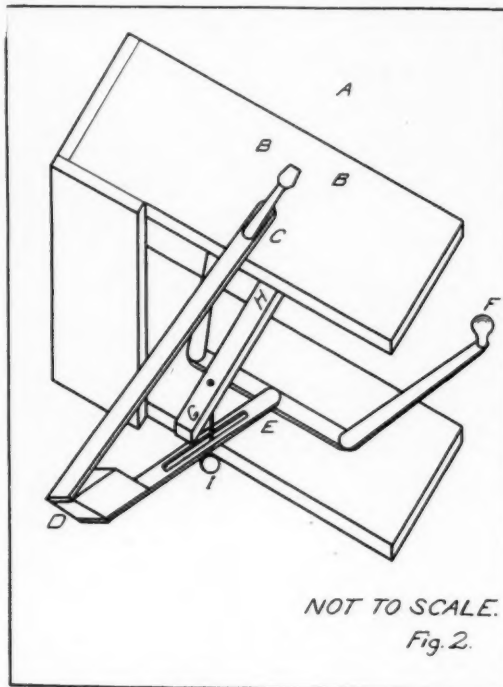
Fig. 1 shows the first feeding device constructed for this patient. A better one for this particular case was found, but because the first device created so much interest and because the movement may be applicable to many other cases it is herewith shown.



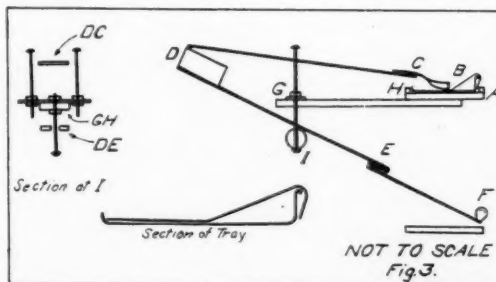
## INSTRUCTIONS

A small table 11" high, by 10" wide, by 15" long was built to rest on a chair. This brought the table top to within 2" of the level of the mouth. The child sat at *A* facing table with legs straight out under it. Table top has light battens (not shown) around it to hold the tray in place. A rectangular aluminum tray (not shown) was placed at *B*. This tray has 2" sides. The side at the rear of the table was cut down to  $\frac{3}{4}$ " to allow the spoon to clear.

The appliance is so arranged that when the handles *C* are moved towards each other the tongue *DE* moves back, and when the handles are moved away from each other the tongue moves forward. Tongue *DE* is about 22-1/2" long overall and has a movement forward and back of 6" or 7". It is held in place by a slot sliding on a pin *F*



(in this case a 3" copper nail). The whole appliance can be rotated horizontally and vertically about this pin. The pin is held in place by an arm fastened to the underside of the table top and projecting back about 6". A tea spoon with the point squared off is bolted to the tongue with two small bolts 1" long. The joints G are also made of small bolts—1" long. The bolts are longer than necessary so that if the nuts become loose, they will be detected before falling off. The movable parts are of wood, the tongue 1-1/2" wide by 3/16" deep. These four members are 10" long from center to center of the



\* These appliances and many other aides to the handicapped were designed and constructed by Mr. Bancroft Hill, consulting engineer of Baltimore, for the Rehabilitation Clinic at the Children's Hospital School.



*Patient Seated at Feeding Appliance*

bolts (*G to G*). The movable parts including the spoon weigh less than 1/2 pound.

The food should be placed in the front part of the tray closest to the patient. Food which sticks together, such as mashed potatoes, or thick creamed vegetables, is not as satisfactorily used as food which separates easily. As the patient grasps handles *C* and moves them together, the spoon moves back behind the food. The hands are then moved away from each other and the spoon comes forward scooping up some food as it presses against the high front side of tray. With a little upward motion the spoon rises to top rim of tray, the patient leans forward and takes food from spoon. Horizontal movement enables the patient to reach food from the entire surface of the tray.

Figs. 2 and 3 show the second and more successful appliance for this particular patient. The first solution was actuated by swinging the arms horizontally in front, this second solution by swinging the arms forward and back from the sides. A small table, Fig. 2, was constructed from two 8" by 18" boards, one 12" above the other. This is attached to the seat of a chair with a C clamp. The patient sits on chair at *A* with legs forward over lower board. An aluminum tray (not shown in Fig. 2) is placed at *B*. The table top has light battens (not shown) around it to hold tray in place. The front edge of this tray is level with the child's mouth. The tray, section shown in Fig. 3, has a tin ramp in front, so that when the spoon is moved forward it moves up the ramp and projects over edge of tray. The point of spoon has been squared off and is secured to the tongue with two heavy rubber bands.

The lower member *F E D* slides on a bolt over block *I* which is supported from arm *GH* fastened under table. The lower member is connected to upper member by hinge at *D*.

Specifications are as follows:

*C D* — 1/4" x 1-6/8" x 21"

*D E* — 1/4" x 1-6/8" x 21"

*G H* — 3/4" x 1-6/8" x 18"

Arms — 1/4" x 1-3/4" x 14"

Bar between handles—1/4" x 3" x 13"

Child grasp handles *F* (handle for right hand is under the table thus not shown), and by swinging hands forward and back gives spoon corresponding motion. Fig. 3 shows a section of tray, side elevation of moving parts, and details of lower and upper guides. The upper guides, for simplicity, are not shown in Fig. 2. Guides are 6" x 1/4" carriage bolts.



*Patient Using Feeding Appliance*

The food is placed at the foot of the ramp. With a forward motion of the hands the spoon is pushed behind the food and with the backward motion the spoon comes forward, picks up some food and slides up the ramp. The child bends lightly forward and takes the food from the spoon. Here again, the horizontal motion permits patient to swing to the right and left of the tray reaching all of the food. Child seems to enjoy using it.

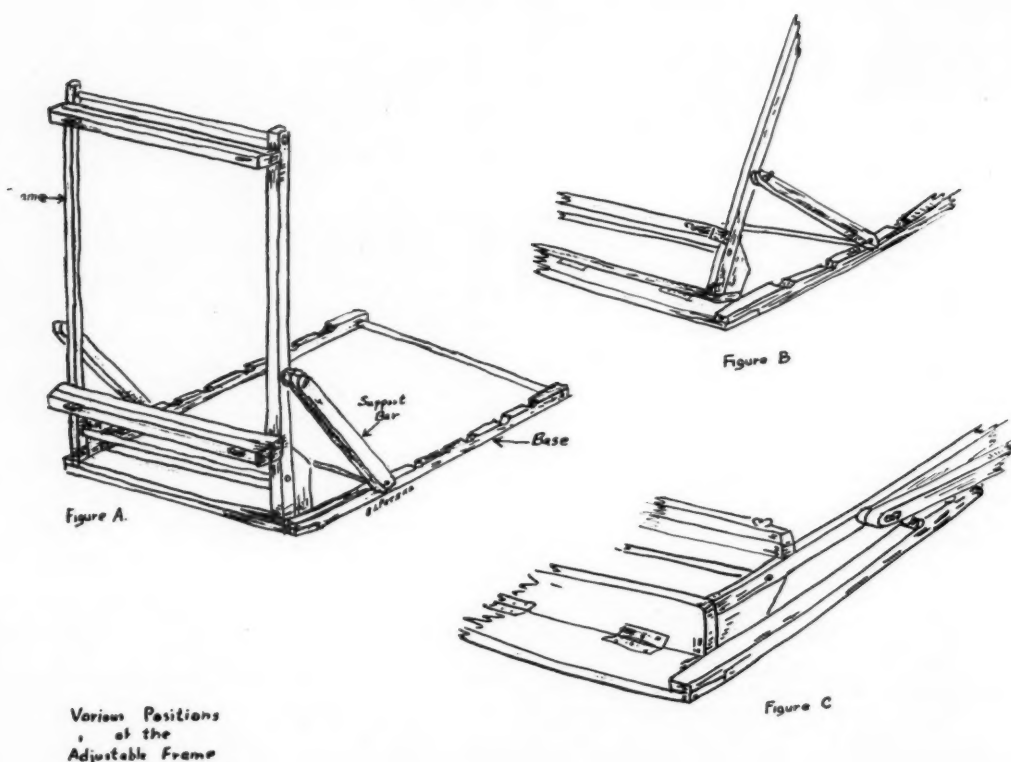
## AIR FORCE NEEDS THERAPISTS

There are still a number of openings available for appointments to commissioned positions in the U.S. Air Force Women's Medical Specialist Corps as occupational therapists. Requirements are a Bachelor's Degree from an approved college or university (or not less than two years completed in a school or university acceptable to the Surgeon General, United States Air Force) and graduation from a training course in occupational therapy approved by the Surgeon General. Age limits are 21 to 45 years of age for reserve appointments. Rank of appointment will be dependent upon educational and professional qualification and age of the applicant.



# AN ADJUSTABLE FRAME for OCCUPATIONAL THERAPY ACTIVITIES<sup>1</sup>

BETTY LOU PETSKA



To have a frame on which several different projects can be made, has been the wish of many occupational therapists. This wish is partially filled by a frame devised by the author.

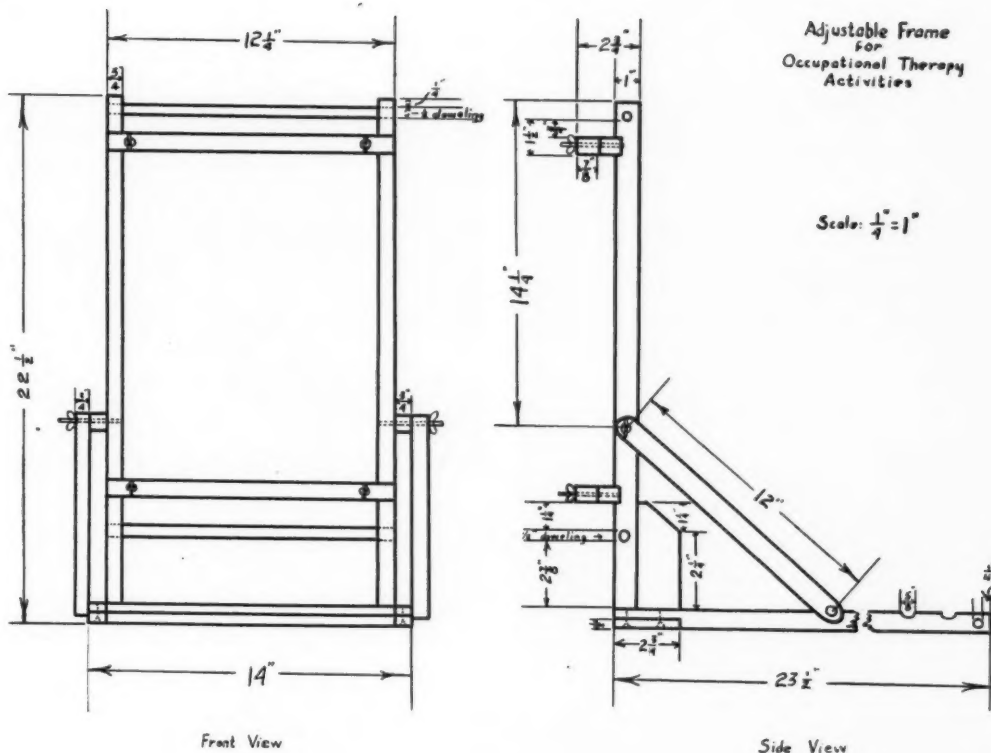
The frame was made primarily for work with bed patients but it can be used with ambulatory patients. Built in a similar manner as a lawn chair, the frame, made of wood, has vertical uprights holding two sets of horizontal bars which are fastened together with wing bolts to act as clamps. (See figure A). The frame is hinged to a base, and the support bar of the frame is movable so that the frame can be used in almost any position desired. It can be used in a horizontal position by lifting up the support bar at the sides of the frame and then the piece will lie flat (see figure C), or the support bar can be placed in the first notch of the base and the frame is in an upright position (figure A). By placing the support bar in the vari-

ous notches in the base, the frame is tilted at any angle desired (figure B).

This frame is adaptable to many crafts which require that the materials used be secured in position while the project is made. Such crafts are card weaving (the warp threads are held between the two sets of horizontal bars), needle work, bead crocheting, painting, etc., (the cloth is stretched between the horizontal bars and fastened with Scotch tape or thumb tacks to the underside of the bars), and by adding nails to the top horizontal bar and a hook to the bottom one, the frame can be used for square knotting. Also by replacing the upper half of the horizontal bar sets with bars in which nails have been placed,

1. Devised under the supervision of Estelle Cholodenko, O.T.R. while a student in O.T., U. of Minn., and affiliating at GM&S Hospital, Veterans Administration Center, Los Angeles, California.





B. L. PETERSON

the frame can be used for braid weaving or similar weaving projects.

In use, this frame affords the patients much needed correct body position and exercise. For instance in a case of a patient who must remain in bed and flat on his back, but needs hand, forearm, and arm strengthening, and increased extension of the elbow and flexion of the shoulder, a card weaving project on this frame would be good for this patient. The turning of the cards and friction of the warp would give active resistive exercise to the hand and forearm. By arranging the card weaving so that the woven part will be at the bottom of the frame and thus being closer to the patient, he won't have to reach too far at the beginning to turn the cards; then as the weaving progresses, the cards will be moved up toward the top of the frame thus giving the patient a greater reach to turn the cards. The angle of the frame and base to start with would be 90 degrees and as the patient's range of elbow extension and shoulder flexion increased, the angle could be lessened, to a minimum of 45 degrees in this case.



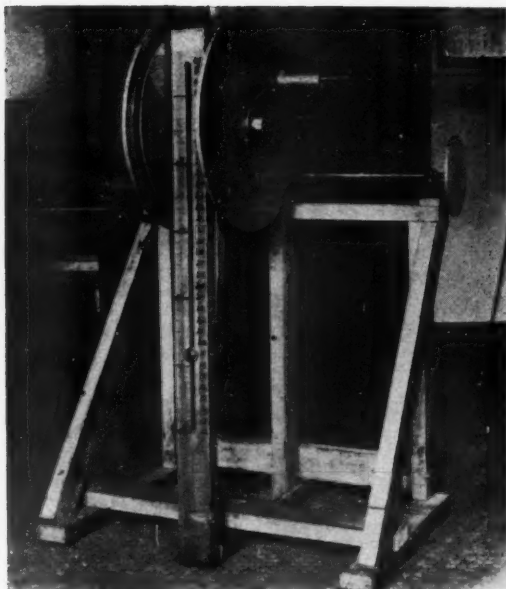
*Adjustable Frame in Use*

Also the distance between the patient and the frame could be altered to afford the best exercise position of the upper extremities. Since the frame is placed directly in front of the patient he does not have to lean to either side or get into any other abnormal positions to turn the cards and beat up the warp.

# DOUBLE WHEEL SANDER

CONRAD GABLE, M.A., O.T.R.

Halloran V. A. Hospital



*Double Wheel Sander*

The double wheel sander is a new apparatus for the exercise of two or three persons. It is developed from the sanding wheel<sup>1</sup> and utilizes the principle of the pedal machine for the upper extremities. Its construction makes possible a large number of adaptations.

The wheels may be turned by one or both upper extremities. Bilateral operation may be simultaneous or reciprocal. The apparatus thereby opens the possibility for cross education of upper extremities<sup>2</sup>. This is especially important for training of hemiplegics.

Turning the wheels, as a circling motion, takes less will power and is less fatiguing than the back and forth motion of sawing for instance. It forces the upper extremities into gross movements of sufficient repetitiveness to establish patterns and to develop control, and sufficient variety to permit grading. The direction of motion of the wheels may be clockwise or reverse making possible the training of different muscle groups.

The double wheel unit can be adjusted vertically through the sliding board on the front post, and horizontally through the upper bar on the back post. The handles can be adjusted in distance from the axle of the double wheel unit. These adjustments together with variations in the height of the seat permit exercise for a wide range of motion for flexion and extension of shoulder and elbow. It



*Double Wheel Sander in Use*

can also be used for passive and forced stretching at these joints. Graded handles make possible increase and decrease in grip.

Progressive resistive exercises for strengthening of muscle power may be given in the following steps: First, by turning the wheels alone; next by working the wheels with the belts turning the rear axle (finer gradations are possible by adjusting the tension of the belts); and last, by pressure of the work pieces against the sanding attachments. The amount of resistance can be increased to such a degree that the pressure stops the turning wheels. The unusual range of resistance from the very easy to the extremely difficult is one of the advantages of the double wheel sander.

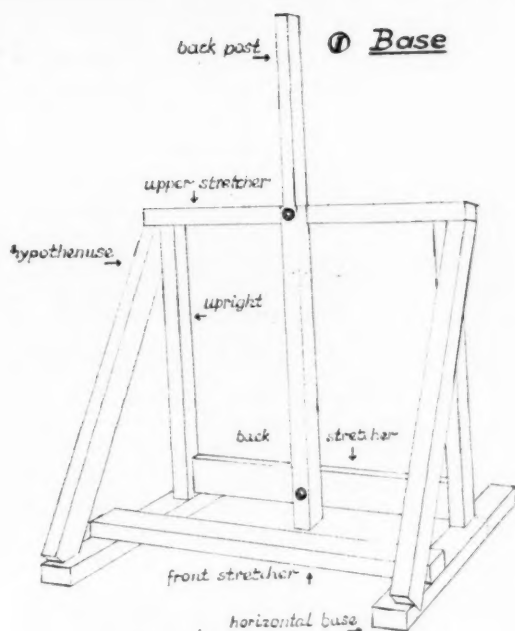
Patients are usually paired and exchange positions on the wheels and sanding attachments. The sanding is an essentially stationary situation which has only limited value for functional work. However, experience has shown that patients gain a better understanding of purposes and goals of their activity on the wheels when they also work on the sander. Besides, the mechanizing of sanding, an otherwise very tedious labor, has proved to be a decided help in the shop.

## *Construction Details*

The double wheel sander consists of four distinct parts: the base, the wheel stand, the double wheel unit, and the sanding attachments.

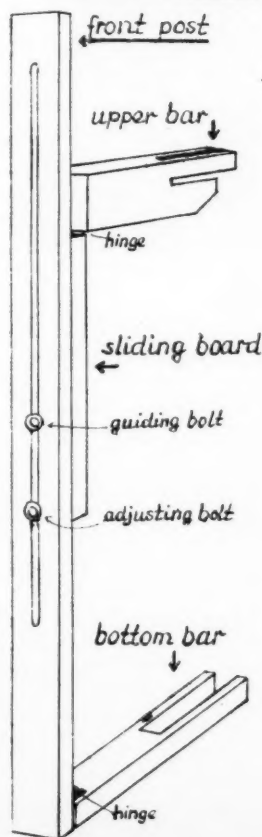
### *1. The Base for the Sander*

The base is the stationary part of the sander on which the wheel stand can be adjusted by means of two sliding arrangements. The width of the base should be determined by the width of the wheelchairs accommodated. The measurements given allow access for wheelchairs up to 27" over-all width. The base is constructed of the simplest nailed joints, and measurements refer to this. Better joints with screws and bolts may be selected. Standard 2" x 4" wood is used, but allowance for smaller variations in size should be made.



## ① Base

## Wheel Stand



### A. Material for base

- a. Wooden base, 2"x4"  
two triangular side supports:  
2 horizontal bases, 30" each  
2 uprights, 30" each  
2 hypotenuse, 36" each  
three horizontal connections:  
1 upper stretcher 34" (base for sanding attachments)  
1 back stretcher, 27-1/2"  
1 front stretcher, 34" (foot rest)  
one back post, 48"
- b. Hardware  
2 bolts, 6" long 1/2", with 2 nuts and 4 washers (for backpost) nails, flat head wood screws or bolts as desired.

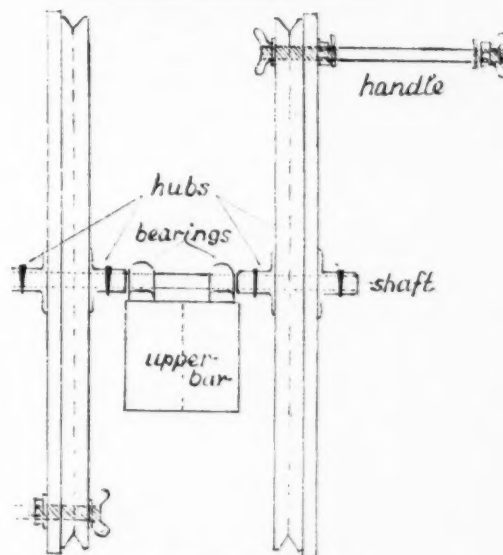
## 2. The Wheel Stand

The wheel stand is the carrier of the double wheel unit and is connected by two sliding arrangements with the stationary base. The bottom bar and the upper bar make adjustments in horizontal distance possible. The sliding board can be moved on the front post for vertical adjustment in height.

### A. Material

- a. Wooden stand, 2"x4"  
1 front post, 48"  
1 sliding board, 18"  
1 bottom bar, 24"  
1 upper bar, consisting of two parallel bars, 19"  
1 dowel, 1/2", 3-1/2" long
- b. Hardware  
2 bolts, 4" long, 1/2", with 4 washers, 2 nuts, 1 wing nut  
1 bolt, 5" long, 1/2", with 2 washers, 1 wing nut  
2 hinges, 3" wide  
screws or bolts as desired

## ③ Double Wheel Unit



## 3. The Double Wheel Unit

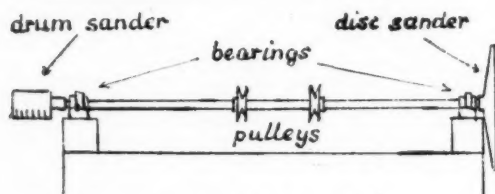
This unit provides the power transmission equipment for the sanding attachments. Two wheels are rotating around a shaft which is held by bearings on the upper bar. A groove in the wheels makes possible adjustment of the handles in distance from axle.

### A. Materials

- a. Wooden wheels, 1/2" plywood  
2 discs, 20"  
4 discs, 19"
- b. Machine parts  
1 drill rod, 36" long, 1/2" (for shaft)  
4 hubs 1/2" bore, wide collar  
4 tapered steel pins No. 2  
1 rod of cold rolled steel, 18" long, 1/2" (for handles)  
1 piece of 16 gauge sheet metal, 10"x9"  
2 V-belts, 1/2"x72" (for tandem drive)  
2 bronze bearings, 1/2" bore
- c. Hardware  
4 nuts, 4 wing nuts, 4 washers (for handles)  
bolts, screws, nails, lag screws

The sander can be operated with one belt but tandem drive is recommended because it equalizes the work load and does not wear out the bearings so fast. Substantial bronze bearings, not alloy bearings, are suggested because they are under the greatest mechanical strain.

#### ④ Sanding Attachments



##### 4. The Sanding Attachment

V-belts transmit the rotating motion of the wheels to two pulleys which are set on a shaft over the upper stretcher. The motion is utilized for a drum sander on one side, a sanding disc on the other side.

##### A. Materials

###### a. Wooden base for bearings

2 bases, 2x4x2-1/2

###### b. Machine parts and hardware

1 drill rod, 36" long, 1/2" (for the shaft)

2 pulleys for 1/2" V-belt, 2", 1/2" bore

2 adjustable alloy bearings, 1/2" bore

1 disc sander, 1/2" bore, 8" disc

1 drum sander, 1/2" bore, 2-1/2", and adapter if needed.

screws and nails as desired

The height of the two bases for the bearings depends on the size of the pulleys for which the smallest diameter is to be preferred. Adjustable bearings are recommended because their upper half can be removed. This in turn makes it possible to lift out the shaft with attachments which is important in case of adjustments, repairs and change of belts. There are many attachments, offered among others by Sears Roebuck. Pictured is a drum sander from the Barron Tools Company, Detroit 1, Michigan which is also good for drill press work, and a disc sander with unthreaded bore, as carried in any hardware store. The drum sander has standard sleeves which are bought ready-made. The sandpaper for the disc can either be cut from the regular sheets or bought to size. The sandpaper can be cemented to the disc by a compound like Distic or Master Disk Cement.

##### 5. Operation and Maintenance

The wooden parts may be finished in any type desired. The iron parts should be kept oiled to prevent rusting. The bearings should be oiled periodically. Numbers should be painted along the center groove of the front post, denoting the distance from the floor, and along the groove of the wheels, indicating the distance from the shaft. Two numerals express the work position for a specific patient.

To adjust the double wheel sander for a specific working position loosen the wing nut on the back post, adjust the sliding board on the front post to the proper height and secure by wing nut. Then adjust the upper bar on the back post to the desired position and secure the wing nut.

To adjust the double wheels from simultaneous to reciprocal position, or vice versa, remove the tapered pins from the hubs of one wheel, turn it 180° and hit the pins into place.

##### References

- (1) Photographs of Occupational Therapy Adapted Equipment as Developed in Veterans Administration and Army Hospitals. Department of Medicine and

Surgery. Veterans Administration, Washington 25, D.C. See photograph 1. Sanding Wheel.

- (2) Hellebrandt, F. A., and Houth, S. J.: Influence of Bimanual Exercise on Unilateral Work Capacity, *Journal of Applied Physiology*, 2:446 (Feb.) 1950. Unilateral Exercise under Current Comment, *Journal of the American Medical Association*, 143:6:559, June 10, 1950.

##### Remedial Games

(Continued from Page 48)

Darts furnish a good medium for shoulder and elbow mobilization. Ping-Pong, having the paddle equipped with a double handle, provides bilateral exercise of the upper extremities, so good in treating some types of neurological patients. (See Fig. 4)

Bowling on a table alley affords repetition of motion and specific therapy for finger extension. A table alley can be of very simple construction and the ball used may vary in size and weight for graded treatment.

Group games such as basketball and volleyball, adapted for wheelchair patients, provide a wide opportunity for use as treatment for coordination and of motions of the upper extremities. Games involving eye-hand coordination may be adapted from such standard equipment as ring toss and peg boards and are used in treating neurological conditions such as multiple sclerosis.



Paddle Hockey for Pronation and Supination of the Arm

##### SUMMARY

1. Kinetic games have been described in treating physical disabilities in occupational therapy.
2. Definitive treatment is obtained by careful analysis of the game itself in relation to the specific physical disability in consideration of therapeutic needs and interest factors for the patient.
3. It is fully realized that games cannot provide adequate means for all therapeutic problems but they do widen the scope of media applicable in remedial treatment through occupational therapy.

##### REFERENCES

1. Weinman, Bertha. Individual Play Exercises for Handicapped Children. *Archives of Physical Therapy*, 21:51 (May) 1940.
2. Coulter, John S. Occupational Therapy in a Private General Hospital (Council of Physical Medicine). *J.A.M.A.*, Volume 126, (October 7) 1944, 360-367.
3. Dunton, Wm. and Licht, Sidney S. *Occupational Therapy*, Chapter XII, Springfield, Illinois, Charles C. Thomas, 1950.
4. Mitchell, E. D. and Mason, B. S. *The Theory of Play*, New York, A. S. Barnes and Company, 1948.



# NATIONALLY SPEAKING

## *From the President*

As your national office attempts to chart its program for 1951 we are faced with the same major problem which has beset our profession during the last almost ten year—that of shortage of qualified personnel. The February News Letter revealed to you the resignation of our executive director, Miss Wilma L. West, which was accepted with deep regret by the executive committee.

Each issue of your Journal since its beginning has brought you reports, in reality glowing accounts of the fine service which Miss West has rendered to our Association. The responsibilities imposed upon your office by the expansion of the education program, the public relations and professional services have been faced with confidence inspired by your genuine interest and loyal support.

It is our earnest hope that we may be able to carry on with the same vigor and confidence for the immediate succeeding years. For the present we plan to complete the programs and studies now in progress. New problems arise and must be met with sound judgement if you are to receive the benefits of the projects now under way.

Others under consideration are vital to the growth of our profession. We realize that with our limited numbers we cannot anticipate major expansion. The foremost reason for this admission is that which you all too frequently hear—lack of adequate personnel to do the job.

It is my earnest hope that the position of executive director may be filled before the April issue goes to press. It is well however to review, as follows, the duties, qualifications and requirements of the foremost executive position of your national office with instructions for submitting an application.

### *Character of the Work and Duties of the Position:*

1. Direct and be responsible for the administration of the national office. This includes organization and supervision of the work of an assistant and clerical staff of five in addition to the educational field secretary and research consultant.
2. Conduct the business affairs of the Association on direction of president and board of management.
3. Responsible for maintenance of the registry of qualified occupational therapists and annual publication of the Directory of Registrants.
4. Responsible for membership services including publication and business management of the magazine (in cooperation with the editor-publisher), publication of the Newsletter, conduct of placement service, maintenance and availability of technical and professional literature and information as requested by members.
5. Distribute information and literature on occupational therapy to physicians, staffs of hospitals, professional associations, welfare agencies, voca-

tional counselors, libraries, colleges, persons interested in training, and laymen.

6. Cooperate with 32 affiliated state and regional associations.
7. Correlate and assist with the work of the standing and special committees of the Association.
8. Correlate work of the Association with allied agencies and organizations in the medical, welfare, and other fields.
9. Act as official representative of the Association in meetings and functions as directed, and responsible for appropriate exhibit material at such meetings.
10. Responsible to the president, treasurer, executive committee and board of management.

### *Qualifications and Requirements:*

1. Minimum requirements: executive and administrative leadership, acceptable personal appearance and poise, public speaking ability, diplomacy and ability to work harmoniously with and direct the work of others. Sound business and financial ability. Interest in maintenance and promotion of national professional standards and service to the membership. Background of working experience including three years of administration.
2. Desired qualifications: college degree. Background of service in state and national association activities through committees or elective offices. Experience in the educational field or in the clinical training of students. Additional clinical and/or administrative experience.

### *Compensation:*

Provision has been made for adequate salary commensurate with educational and experience qualifications of the candidate.

### *Method of Application:*

Applications from candidates meeting the above requirements will be judged by the executive committee. If there is additional information desired by persons meeting the qualifications and interested in applying, it will be furnished on request. Interested candidates are urged to submit a letter of application, accompanied by credentials, to the Executive Director at the National Office Headquarters before March 15, 1951. The executive committee will make an appointment subject to the approval of the board of management.

Many civilian O.T. projects have necessarily been curtailed or postponed because registered O.T.'s are not available. Many Veterans' Hospital programs are understaffed even though the variance in salary in these institutions with those in civilian hospitals is creating an inflation in personnel services which portends grave consequences for the future of O.T. in the civilian field. The Women's Medical Specialist Corps of the Army has never been able to reach its quota of occupational therapists. With this situation facing our profession each of us must evaluate the status of our service to occupational therapy.

There is little encouragement in the knowledge that most of the 22 accredited courses have nearly full enrollment. Credit for this satisfactory situation can be given to the diligent efforts of our recruitment committee. Working through the state association many unique and successful pro-



grams have been carried on in the local areas. Indications are that many of them will continue to carry these programs regularly with subsequent publicity. Such publicity must be carried on with ever increasing effort to stimulate interest in O.T. The service of O.T. has become a vital factor in helping to maintain the man power of defense. We must be prepared to furnish adequate personnel for the field of rehabilitation. Therefore it is time for a careful analysis of the manpower within our numbers, what can be done to increase it, and what we can all do to help. Are we using our reserves to the best possible advantage? Is our job essential to any of the educational, economic or industrial problems of defense? Are O.T.'s preparing themselves individually or as professional groups to meet an emergency? What of civilian defense? There are national plans projected to local communities of which we can become a part. Have we a consciousness of our responsibility to participate as a unit of our national association to keep informed and to be trained to take our part?

O.T. would have a greater responsibility than ever in the event of a civilian disaster in our midst. As a national professional association whose purpose it is to provide treatment in O.T. we should carefully analyse our activities and potentialities and be alerted to the demand for essential services wherever needed.

If you will examine our situation in relation to our professional responsibility perhaps you can make valuable suggestions as to how we may hope to maintain our standard of occupational therapy service to those most in need of it. Individually perhaps one of the questions you might ask of yourself is: Am I registered and have I paid my dues? With the passing of the deadline date to get your name into the new 1951 Directory, and get it to you early, we find a good many members not accounted for. The response for early payment overreached previous records for which we are very grateful. Nevertheless, we earnestly regret there are 600-700 in arrears as of February 15th.

It is entirely possible that we may not be able to do some of the things which might logically be expected of our national office. The progress can only be maintained in proportion to our co-operation and support.

Nevertheless, you will no doubt agree with me that we can justifiably take pride in our accomplishments to date considering personnel shortages and increased costs.

Our successes have been in large measure attained through the inspired professional urge, sound judgement and the able and earnest leadership of Miss West.

She gives tirelessly and with much personal sacrifice to carry out all projects in order to give you the best of professional service. You will join

with me, I am sure, in gratefully acknowledging her outstanding contribution and service to the A.O.T.A. and to say, "Thanks, and the best of luck for the future, Willie,—fortunately still in O.T."

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### *From the Executive Director*

*Editorial Note: Due to the significance of the following material, space usually reserved in this section for the educational field secretary has been released in order to permit publication in one issue of double the usual column from the executive director. Every occupational therapist is urged to read and study this article.*

Occupational therapy's growth as a profession has been of fairly recent origin, and it is still experiencing many of the growing pains of any relatively new profession. The latest of these concerns LICENSING, a legal process about which you have heard quiet reports and loud rumors. In at least one state, the licensing of O.T.'s is due to come before the legislature sometime in 1951; in another, a bill was drafted for presentation to the state legislature but was dropped at the request of the local O.T. association; in other states, doctors, therapists and others have discussed the pros and cons as well as the feasibility of passing licensing laws for O.T.'s. Since this question is a serious one for O.T.'s in some areas and is almost certain to affect all of us sooner or later, this column will concern itself with some of the vital facts about licensing that you should recognize and think about. Even if you are not directly faced with the problem at the present time, you should familiarize yourself with at least the fundamental considerations—which is all that this space will permit—and subsequently augment your practical knowledge of the question as necessary.

Webster defines a license as "An authority or liberty given to do or forbear any act; especially, a formal permission from the authorities to carry on a certain business otherwise illegal; also, the document embodying such permission." The universal application of this definition is remarkable: one can readily understand its meaning as applied to such well-known "formal permissions" as a druggist's or beauty operator's *license* to dispense drugs or administer permanents as the case may be; or, bringing the case even more personally into view, as applied to the driver's *license* we must have, without which the operation of an automobile is "illegal". By the same token, *licensing* of occupational therapists, if effected, would require "formal permission from the (state) authorities to carry on a certain business (occupational therapy) otherwise illegal."

The purpose of licensing in general is to provide legal protection. This protection is usually of a dual nature: first, protection of the *practitioner* (as in

the case of the druggist, beauty operator or driver) and secondly, protection of the *object* of his practice (such as the patron of the drug store or beauty salon or the pedestrian). Carrying the analogy into the medical field, doctors and nurses are licensed for two purposes: their own protection and the protection of the patient. Occupational therapists would be licensed for the same purposes.

There are two distinct types of licensing: permissive and prohibitive. *Permissive* legislation, as the name implies, establishes licensing requirements for practice but does not provide for legal action against those failing to meet such requirements. Such a law would thus carry a section entitled "Practice of Occupational Therapy by Unregistered Persons", and be worded, for example, as follows: "Nothing contained in this Act shall be construed to limit or prevent the practice of occupational therapy by any person not registered under the Act, if such person does not represent himself to be a licensed occupational therapist." *Prohibitive* legislation, on the other hand, besides establishing requirements, also provides a fine or imprisonment or both for those who practice without meeting such requirements. This type of law would include a section worded as follows: "A person who is not registered with the director of licenses as an occupational therapist shall not represent himself as being so registered, and shall not use in connection with his name the words or letters 'Registered Occupational Therapist' or 'O.T.R.', or any other letters, words or insignia indicating or implying that he is a registered occupational therapist. Any person violating the provisions of this section shall be guilty of a gross misdemeanor."

Now, up to this point, licensing would seem to be a desirable thing. Admittedly, it is established for a good purpose—protection—and under ideal conditions, it should operate to our advantage. But before we accept just these reasons for promoting licensing of occupational therapists, let us examine some other aspects of the question.

First, do we really need licensing of O.T.'s? The profession of medicine is threatened by unorthodox and unaccepted practitioners who represent themselves as doctors of medicine and thus act as a threat both to the qualified physician and to the patient. Physical therapy, too, has had its professional standards threatened by unqualified practitioners, chiefly those who have established their own offices and given treatments without medical prescription, supervision or direction. Thus both of these groups have felt licensing to be necessary. There are no comparable groups posing as occupational therapists today that constitute any real threat to our professional standards. Conceivably, there are groups who might and could encroach on our field and admittedly there are isolated cases where individuals are practicing as

"occupational therapists" who do not meet our professional requirements or standards. The most conservative and foresighted among us would be likely to promote licensing for this reason—as a preventive measure. But again, let's look further first.

Since 1935, the education of occupational therapists on a professional level has been assured through standards established by the Council on Medical Education and Hospitals of the American Medical Association in cooperation with the American Occupational Therapy Association. These standards constitute minimum requirements which must be met by any school desiring to establish a course to train occupational therapists. To date, they have been eminently successful as there is no known instance of a school offering a course in O.T. which has not been established in accordance with the A.M.A.'s Essentials of an Acceptable School of Occupational Therapy and subsequently received the Council's accreditation.

The clinical practice of occupational therapy is likewise established on the basis of minimum requirements which have, for the most part, also been successful in protecting professional standards. These are the registration requirements of the American Occupational Therapy Association which provide that a registrant must be a graduate of an accredited school of occupational therapy and must also pass the Association's national registration examination in order to qualify for registration. This is a permissive type of regulation in that, although it establishes certain requirements, obviously there is no provision for action against those who do not meet these requirements.

To summarize the three preceding paragraphs, the standards of the A.M.A. and A.O.T.A. which have been successfully in effect for over fifteen years, have proved adequate in supplying protection both to us as practitioners and to the patients we treat under medical prescription. One further point should be made in connection with the question of whether we need licensing of occupational therapists. This is the fact that there is little or no economic future in the private practice of O.T. as there is in both medicine and P.T. (through private offices), to stimulate its general practice by unqualified persons. This fact operates as a restraint on the conduct "of a certain business otherwise illegal" without the necessity of licensing.

There are other considerations in licensing that should not be overlooked. One of these may be called an inevitable by-product, and it concerns the setting up of barriers between the individual states. To date we have avoided this by the establishment of standards on a national level. Thus an occupational therapist now qualified to practice *anywhere* is qualified to practice *everywhere*.

Under the provisions of *permissive licensing*, state A, for example, establishes its own requirements in addition to the national requirements and thus makes Mary Brown persona non grata if she poses and/or practices as an occupational therapist within the boundaries of that state without meeting state licensing requirements. *Prohibitive licensing*, as has been pointed out, goes a step further, and makes Mary guilty of a misdemeanor if she poses and/or practices as an occupational therapist within its state boundaries without meeting state licensing requirements. *Bear in mind the fact that this legal action against her may be taken by state A under its licensing laws despite the fact that Mary may be a graduate of an A.M.A.-accredited school and a fully qualified registrant of the A.O.T.A.* Proponents of licensing use this argument as an inducement; specifically, that occupational therapists will be anxious to work in a state offering legal protection. This might attract some, but it is questionable that it will appeal to the majority. At a time of desperate personnel shortages and the need for spurring recruitment by every possible means, it seems ill-advised to establish further barriers to recruitment and the free interchange of personnel that now exist among the states.

Let's look now at the economic aspect. The cost of licensing will vary in different states in accordance with the regulations determined by each. One state may establish its original licensing fee at \$20.00 with provision for payment of an annual renewal of \$2.00. Or, in another case, the original fee may be \$10.00 and the annual renewal \$5.00. Regardless of actual figures, however, there will be an additional cost for practicing occupational therapy in a state which has licensing laws. In the meantime, the American Occupational Therapy Association would be ill-advised to relinquish its national standards or waive its universal requirements for registration. This therefore means dual expense for those who work in states having licensing laws.

There is still another aspect of the cost of licensing in addition to the required fees. This concerns the legal expense that is essential to effect good licensing. Each state has its individual legal requirements, statutes and interpretations and no one law will apply universally throughout the various states. In order to be certain that these requirements are met, that any new law will be proposed in accordance with existing legal stipulations and that it will be interpreted as intended, it is advisable—if not absolutely essential—that legal counsel be retained in drafting any legislation that is proposed. An allied professional group thus threatened in one Eastern state is presently retaining a lawyer at a cost of \$1,000.00 for the purpose of securing a law in their interests. On

the West Coast, the state association of a similar group has assessed its membership \$75.00 apiece in order to meet the legal expenses involved in assuring good legislation. This is one of the reasons why licensing has been reported to you as "prohibitively expensive and not recommended for O.T. at the present time."

Finally, there is the question of the effect of licensing on the Registry of the American Occupational Therapy Association. And whether we like it or not, state licensing, if it is adopted on a nation-wide basis, could mean the end of the national registry and of national standards. Whether it actually would have this result depends on whether state laws are written with reference to current national standards (recognizing the A.M.A. and A.O.T.A.) or whether they establish their own qualifying examination and other procedures for determining licensing requirements. If the former method is chosen, going back to a previous analogy, Mary Brown and all other O.T.'s practicing in state A will have to 1) graduate from an A.M.A. accredited school; 2) pass the A.O.T.A. registration examination; 3) meet any and all additional requirements established by the state; and 4) pay the stipulated state fees (in addition to national registration fees since state laws will in this case be made contingent on national requirements). If, on the other hand, state A does *not* legislate with reference to national requirements, it will have to establish its own standards, develop its own qualifying examination and—in short—set up separate procedures and mechanics for determining the professional qualifications of its occupational therapy personnel.

We would ask again: Is this necessary? The American Occupational Therapy Association has, in the past four years, spent many thousands of dollars (the majority of which was received from the Kellogg Foundation in a special grant expressly for this purpose) to develop an achievement test that could be used as a universally applicable qualifying examination. This exam is currently being administered to all graduates of all accredited schools of occupational therapy in the United States. It is based on a common core of curriculum content as taught in all schools. It examines didactic knowledge in biologic sciences and medical subjects, theory courses in the application of O.T. in the five required disability fields, and practical knowledge of the creative and manual skills that are the media of the occupational therapist. *And*, it permits the use of a converted score from the combined clinical training reports to carry a 20% weight in the total registration grade.

The national registration examination is still not perfect. Complete item analyses are used to effect the necessary, constant revision for each new administration. There would seem to be little risk



in saying, however, that it is the most effective thing of its type yet developed and, to go further, a more adequate qualifying measurement than any state could develop short of several years of work and the expenditure of considerable money.

There is one consideration which has not as yet been touched upon, but it needs only brief mention. This is to point out the one instance wherein licensing of occupational therapists definitely *would be* recommended. Such a situation could well occur if a strong, non-qualified, sub-professional group calling themselves occupational therapists tried to promote licensing of sub-standard personnel. In this event, it would be mandatory that the qualified occupational therapists join forces and do everything in their power to defeat such licensing and secure the passage of a bill designed to protect high professional standards. Furthermore, in this instance, the prohibitive type of licensing would probably be indicated.

In summary, therefore, we seriously question whether licensing of occupational therapists is necessary at the present time, and we point to such considerations as the establishment of state barriers to recruitment, the expense involved for legal counsel and for the required fees, the effect on the national registry, and the difficulties and expenses involved in establishing separate state requirements. These and other considerations bear out the recommendation of the Association's Legislative and Civil Service Committee last year: "Licensing of O.T.'s is deemed neither desirable nor practical at the present time."

If you are in a state where licensing seems inevitable or even desirable because of pressure from another group, please consult the national office. Reprints of this article and copies of a model bill (of the permissive type) for licensing O.T.'s will both be available on request. If licensing seems indicated in your state, we want to do everything possible to help you get good licensing. If it is pressed upon you by another group and you deem it neither necessary nor advisable, we will work equally diligently with you to defeat it.

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*The Challenge of Crutches* by George G. Deaver and Mary Eleanor Brown has just had its third printing. It may be obtained from the Institute for the Crippled and Disabled, 400 First Avenue, New York 10, N.Y. Price one dollar.

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The Rehabilitation Center of San Francisco, Inc. has changed its name to the MAY T. MORRISON CENTER FOR REHABILITATION.

AJOT V, 2, 1951

## EDITORIAL

### WHY NOT MORE RESEARCH

The need for research is recognized but occupational therapists are behind other professional groups in contributing worth-while results. Why? There are many reasons but a few of the more pertinent ones may be: (1) most therapists work in small departments where they are all so aware of the work of all in the department that anything done by one is commonly done by the others simultaneously, so that the feeling of contributing to a new phase of occupational therapy is lost, (2) working in a small department lessens the spirit of competitiveness that may be an incentive for research, (3) our training is so varied that many therapists recognize their inadequacies in a particular field and instead of furthering their information by research studies, they avoid this inadequacy because they feel it a peculiarity of their own rather than a characteristic of the whole group, (4) they lose perspective, (5) they don't know where to begin.

It is hoped that when more graduate students enter the field, the amount of research will be increased. This may not follow. Research people are intensely interested *students* who can contribute regardless of the extent of their academic training; and we have many of them qualified to do a fine job. Their years of experience, their temperament, and their job opportunities make them more than adequate for fine research studies. Why then have we not heard more from them?

The age-old excuse is lack of time, but if occupational therapists can be convinced that even a small development is important and should be written into an article, our profession can grow and expand more rapidly. Progress need not be made by a few if the majority work hard to contribute whatever possible. Lots of small advances can well add up to a bigger result than a few profound studies, but a combination can contribute to a marked advancement.

But what can one therapist contribute? That is up to her fellow workers. What is needed, what is desired, what will benefit the profession? This Journal, through its "Letters to the Editor," will be pleased to print at any time an expression of a need in the hope that others can offer a solution. Use your Journal for study, an expression of your own studies, and an avenue for spurring future studies.

## FEATURED O.T. DEPARTMENTS

### INSTITUTE OF LOGOPEDICS

Wichita, Kansas

Marvel Eno Gifford, OTR

Director of Occupational Therapy

The Institute of Logopedics, under the direction of Martin F. Palmer, Sc.D., is one of the outstanding centers in the United States devoted to the problem arising from defective speech. The program is directed primarily, although not exclusively, toward children.

The three point program of the Institute is clinical, teacher training, and research. Emphasis is on teacher training, with the clinical work and the research closely correlated. All efforts at the Institute are directed toward developing a happy individual—better able to express his needs, wants and ideas, better able to care for himself and establish his position as a contributing member of society.

As a result of increased demands upon the Institute to accept more children for speech corrective work, expansion was necessary. There arose a need for more teachers, more adequate classroom and research facilities, as well as a need for additional space for the allied fields of treatment of the cerebral palsied. The new Institute of Logopedics, sometimes called *the village*, consisting of 40 residence buildings and an administration building, was completed in September 1949.

Whenever possible, the parents are encouraged to live in the village while their child is in training. Children in training without their parents live under the care of housemothers in cheerful, home-like four-plex apartments. In addition to the individual speech lesson, there are classrooms for the deaf and hard-of-hearing, the cerebral palsied, and the aphasic. Regular school education is offered under conditions which make progress possible at a rate commensurate with a child's abilities. A recreational program offers constructive play indoors and out. Regular church services and Bible school classes contribute to the spiritual welfare of the children, and an organized inter-creed program for Jews, Catholics, and Protestants is carried out with the aid of local clergy.

The health and medical care of these children is under the direction of fully qualified physicians. The staff includes a pediatrician, an orthopedist, and an otologist. Psychometric work is routine. Neurologic and psychiatric advice is available.

The following types of cases are given speech training at the Institute: aphasic, articulatory, cerebral palsied, deaf and hard-of-hearing, retarded, speechless, stuttering, voice quality, etc. Any of these may be represented in occupational therapy.

The occupational therapy department is under

the direction of an orthopedist, H. O. Marsh, M.D., who is Medical Director for Cerebral Palsy at the Institute. The speech cases, other than the cerebral palsied, are referred by the speech supervisors. When treatment is not indicated orthopedically for the cerebral palsied, but recommended as an assistive measure in speech training, the admission to occupational therapy is made with the approval of the orthopedist. Occupational therapy works in conjunction with the physical therapy department. Four registered occupational therapists, one of whom is part time, make up the occupational therapy staff. The minister on the grounds is an excellent carpenter, and two days a week he assists in instruction in the woodshop, where all the work is supervised by the occupational therapist. In addition to assisting in the individual lessons on handling tools and making small projects, the woodshop teacher designs and constructs special equipment such as chairs and standing tables for use in occupational and physical therapy, the classrooms, and in the apartments.

In occupational therapy we have a four-fold program with the over-all aim being preparation for social and economic independence. The first of the four is *speech carry-over*. The department tries as much as possible to utilize the speech being taught the case at the Institute and incorporate it in a new and interesting program to accomplish the following things: lengthen the attention span, teach the ability to following instructions, establish the drive to initiate activities, encourage lip reading in the deaf and hard-of-hearing, teach eye-hand coordination, and self help. When occupational therapy is indicated to assist in carry-over for a case that is receiving speech training, it is important to work closely with the teacher and the supervisor of the case. Such information as how much speech to expect, when to require responses, and what approaches, cues, etc., would best assist them, is received from the instructors. The therapist then reports what progress is being made and what activities and circumstances stimulate speech.

*Functional work with the cerebral palsied.* The main emphasis with these cases is teaching hand skills and self helps such as feeding and dressing. A cerebral palsy physical and social development chart is filled out on the case upon admission to occupational therapy, and every three months this chart is again rechecked. This chart is sent to the Medical Director for Cerebral Palsy each time the case is reexamined. This chart has been derived after the study of many similar lists and although it is quite simple, we find it usable and sufficient for the beginning cases. (See chart). A more advanced chart is being used on a few cases.



**INSTITUTE OF LOGOPEDICS**  
**Cerebral Palsy Physical and Social Development Chart**

**Age:**

**Diagnosis:**

Note: Chart to be filled in every three months by the therapist on the case.

Blue color represents an accomplishment on admission to O.T.

Red color represents an act that cannot be performed when admitted to O.T.

Green color represents an accomplishment taught while in training.

Where necessary a note must be added regarding braces.

Therapist:

Type of Program:

Date charted \_\_\_\_\_

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482	483	484	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500	501	502	503	504	505	506	507	508	509	510	511	512	513	514	515	516	517	518	519	520	521	522	523	52
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Fig. 1.  
Stroller



Fig. 3.  
Stroller with Chair in Position

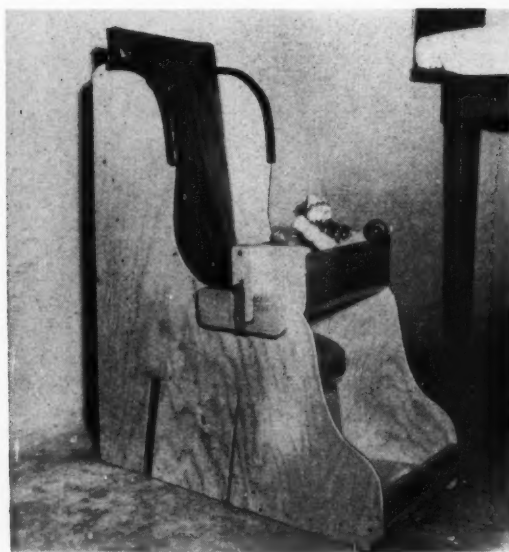


Fig. 2.  
Plywood Chair to Fit into Stroller

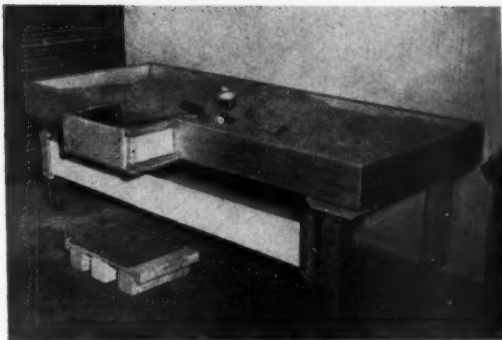


Fig. 4.  
Standing Table

In figure 1, is shown a regular commercial stroller with special adaptations orthopedically prescribed for a severely handicapped cerebral palsied child. The removable plywood chair as shown in figure 2., was made in our woodshop, but this or one with similar adaptations could be made by the parent under the direction of the orthopedist. This provides the support needed by the child both while riding, and sitting at home, in occupational therapy or in the classroom. It has a removable box for carrying toys. Figure 3. shows the chair in position for the child to ride.

The standing table (Fig. 4.) used in occupational therapy was designed and constructed in our own woodshop. Al-

most all the cerebral palsy cases receiving treatment, who are unable to stand without support, have individual standing tables in their homes. These have been prescribed by the orthopedist as part of their treatment program. In occupational therapy the standing table is used as an aid to establish the standing balance in the cerebral palsied child. For some cases who do not have adequate sitting balance and/or the chairs limit the upper extremity use, the standing table is of utmost value. The standing in occupational therapy is under the supervision of the physical therapist. She designates which cases should be allowed to stand, the length of time they should stand and the procedure to be carried out with each child regarding use of braces while standing. This particular standing table has only two stalls, one large and one small, because it is used more for the individual treatment than for socialization purposes. Both foot boards are adjustable in height and in foot size. All footboards and the bars at the back of the stalls have locks so no child can let himself out. Opposite the stalls the table is cut out slightly so that the therapist may have better access to the child during the treatment period.



Complete Sandtable



Guard on Sandtable

The guard on the sandtable, also designed and constructed in the woodshop, serves much the same purpose as the standing table. It enables a cerebral palsied child who needs support, to stand while receiving treatment or playing in the sandtable. The immovable metal bar at the top fits over the edge of the table first, then lower bar is raised and tightened into position (parallel with top bar) by turning the wooden block between the two bars. If the block should be turned by a child, he could not fall out unless the entire guard is raised from the table. A strip of canvas is extended from the legs of the table to hold the knees in place and a non skid rubber mat is placed under the feet. A platform may be used to give the child the proper height while working.

**Vocational exploration.** The occupational therapy department is a "testing" field for some of the cases to find where their abilities and interest lie so that we may assist in job placement or in working with the vocational rehabilitation center. For some of the cases such jobs as working in a flower shop, bowling alley, doing house, yard and garden work have resulted. We are hoping that the garden program which is new here will prove successful for this group.

**Socialization.** Occupational therapy furnishes an opportunity for social contacts. It aids in developing group responsibility and cooperation. It provides exercise in social adaptation and the stimulating influence of example and comment from fellow workers. This is developed in various ways; encouraging the exchange of greetings, scheduling

small groups regularly for playing cards, checkers and dominoes, etc., providing for group play in the sandpile and standing table, and discussing with other cases ideas on projects or activities.

Each treatment period is 45 minutes, with the majority scheduled for three periods per week. Home programs are recommended for some of the cerebral palsy cases. The occupational therapist demonstrates and writes out what the mother or housemother is expected to do at home—usually working on the self helps. Occasionally, for the cases that live in the village, the home program treatment is given by the therapist in the home, enabling her to see the problems that confront the cases and to help them find a working arrangement in caring for themselves.

#### NEW SALARY ADJUSTMENT FOR THERAPISTS IN CONNECTICUT STATE SERVICE

Recommendations for revision of qualifications and salary changes for therapists in Connecticut State Service were reviewed recently with the Connecticut State Personnel Department. Many of the recommendations were favorably received. Following is the new salary schedule as announced by the Connecticut State Personnel Department:

Occupational Therapy Supervisor	\$4080—\$4800
Asst. Occupational Therapy Supervisor	3840— 4560
Senior Occupational Therapist	3480— 4200
Occupational Therapist	2820— 3300

In addition, as of October 1, 1950 a Cost of Living increase of \$240 will be in effect.

# PEOPLE YOU SHOULD KNOW

MELBOURNE G. WESTMORELAND, M.D.

A biographical sketch by  
*Henrietta McNary, O.T.R.*

This is a long over-due article on Dr. Melbourne G. Westmoreland as one of the people you should know. For years we turned to him for advice when he was on the staff of the Council on Medical Education and Hospitals of the American Medical Association. When the standards for courses in occupational therapy were being revised his careful counsel and sound judgment helped us to see more clearly the relationship of occupational therapy to the medical profession. Even though that relationship had always been respected it was brought more clearly into focus when the American Occupational Therapy Association requested the American Medical Association to establish accrediting for the courses of training in 1936. Four years later when the ESSENTIALS OF AN ACCEPTABLE SCHOOL OF OCCUPATIONAL THERAPY were revised much counsel was necessary. That was when we met Dr. Westmoreland.

It must not have been an easy assignment to work with a group of eager ladies, helping them to crystallize their active thinking into a pattern which could be accepted as fundamentals for accrediting. There are few things less repressible than an occupational therapist with an idea. A group of these people with fevered intent must have been formidable indeed. It was with quiet skill that Dr. Westmoreland helped to bring their expressed needs into an acceptable educational pattern. Careful, clear-thinking, meticulous and understanding, Dr. Westmoreland can put ideas into phrases that are meaningful and accurate. He looks solemnly into the midst of a discussion and in time says quietly, "How about putting it this way?"—and there it is, clear and logical with all its facets shining.

That solemn expression gives way to wrinkles around his eyes when there is a joke in the air. He loves to tell a good story, and tells it well, with a dry sense of humor that keeps the punch-line ringing. It is done in a take-it-or-leave-it manner, and you usually take it, for it has a special flavor that is uniquely Westmoreland.

Since our first meeting him, Dr. Westmoreland has become Executive Secretary to the College of American Pathologists. His own medical interest has been bacteriology. Before that he was engaged in active practice in Kansas, and long before that he met Bea, Mrs. Westmoreland, whose gracious charm complements his even tenor to make them

a delightful couple. They live in a comfortable suburban home in Park Ridge, Illinois. Beatrice Ann, their curly-haired little daughter, completes their family; and she sets a pace they enjoy and direct with the same fingertip control that Dr. Westmoreland used in leading the occupational therapists into their early formalities with the American Medical Association.

The Westmorelands are great fishermen. It is characteristic of a fisherman to know where to go and when, what to take, and how to use it. Conversation is not necessary. Radiating enjoyment over his fishing know-how, Texas creeps back into Dr. Westmoreland's talk. A broad grin is on his face most of the time, sunshine adds a rosy glow to his high forehead, and anyone who is with them knows the Westmorelands love to be out in the open and sing their way home after sunset—it must be after sunset, for that is the magic time when wall-eyes bite.

Born in Texas, graduating from the University of Kansas Medical School in 1936, is the route by which Dr. Westmoreland came to the American Medical Association and to know occupational therapists. He has contributed strongly to their formal thinking in professional organization. He is now a fellow on the Board of Management of the American Occupational Therapy Association. We are grateful to Dr. Melbourne Westmoreland and are glad to spotlight him as one of the people you should know.

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## SPECIALIST SHORTAGE SUBJECT OF ARMY WMSC CONFERENCE

A conference of leaders in the fields of dietetics, physical therapy and occupational therapy was held in the Office of The Surgeon General of the Army January 6 to discuss ways and means of expanding the Women's Medical Specialist Corps to meet increasing requirements for specialists in these three fields in the Army Medical Service.

Newly appointed consultants to The Surgeon General who attended were, Miss Mable MacLachlan, past president and present educational director, the American Dietetic Association; Miss Mildred Elson, executive director of the American Physical Therapy Association; and Mrs. Winifred C. Kahmann, president of the American Occupational Therapy Association. Colonel Emma E. Vogel, chief of the WMSC, presided. She was assisted by Lt. Col. Eleanor Mitchell, Chief, Dietitian Section; Lt. Col. Edna Lura, Chief, Physical





*Civilian consultants to the Surgeon General of the Army in Washington, D. C., meeting to plan for WMSC expansion were (left to right) Colonel Emma E. Vogel, chief, Women's Medical Specialist Corps; Miss Mable MacLachlan, past president and present educational director, the American Dietetic Association; General George Armstrong, Deputy Surgeon; Mrs. Winifred C. Kahmann, president of the American Occupational Therapy Association; and Miss Mildred Elson, executive director of the American Physical Therapy Association.*

Therapist Section and Lt. Col. Ruth A. Robinson, Chief, Occupational Therapist Section.

In opening the conference, General George Armstrong, the Deputy Surgeon General of the Army, referred to the increasing importance of the contribution of the Women's Medical Specialist Corps officers to the Army hospitalization program.

Immediate subject of the conference was a plan of action to aid the WMSC in procuring 247 dietitians, 179 physical therapists, and 146 occupational therapists by June 30, 1951. Colonel Vogel stressed that these figures represent additions to current strength.

Recognizing that there is a continuing shortage nationwide of specialists in all three fields, the following recommendations were made:

1. That each professional organization will circularize its membership calling attention to the urgent military need:

2. That each will determine the number of married members who would be available for part or full time service in civilian hospitals, thereby relieving for military service those interested in Army careers.

3. That the Army will cooperate by a direct mail information program to guidance directors in high schools and colleges, to stimulate career interest in these fields.

The Army further proposes to extend its training program in all three medical specialties represented in the WMSC.

**AJOT V, 2, 1951**

## Letters to the Editor

To the Editor:

At a professional meeting in Austria I was introduced to Dr. Alexander Hartwich, one of the oldest practising orthopedic surgeons in Vienna, and discussed with him problems of physical medicine. He told me, to my surprise, that a comprehensive rehabilitation system was in existence in Austria as early as 1915 and that report\* was published by him and Dr. Spitzzy, a professor of orthopedic surgery now living in retirement. He lent me this rare book and I am relating and quoting from it in the following.

Dr. Spitzzy was medical chief, and Dr. Hartwich his assistant, of the military Reserve Hospital No. XI, which consisted of the Orthopedic Hospital and the Schools for Veterans in Vienna. It was established as the first and greatest of all the institutions of the then warring nations for the rehabilitation and schooling of wounded soldiers, after it had become evident that much inefficient orthopedic treatment led to functional disabilities. Its aim was to prepare those soldiers who couldn't be returned to the front, for a useful civilian life before discharge, by means of a rehabilitation process in an institution especially organized for it (p.VI, p.24).

While the usual modalities of physical medicine were employed emphasis was placed on active remedial exercise for strengthening of muscle power, increasing range of motion and raising of the muscle tonus of the whole body, and for this reason occupational therapy (Arbeits-therapie) was instituted. "The method was new; its significance for orthopedic treatment was not yet adequately established; it was difficult in the beginning to recognize correctly suitable cases; yet the area for its application grew daily, and the results gained by it were always good, sometimes indeed amazing." It became apparent that it could be used not only for vocational training, but also "without reference to the previous and future occupation" for functional treatment exactly as any other physical medicine modality (p.64, p.70).

"The physician has to prescribe the suitable occupation considering the status of the patient, and it is very favorable that the simplest occupations offer the best means for treatment . . . It is, of course, difficult, almost impossible to give rules suitable for individual cases. It all depends on the physician, for only he can be successful as he is familiar with the mechanics of joints and muscles as well as with the techniques of the simple occupations. It may be stated that the healing process may be accelerated not only through the correct choice of the occupation, but also through modifications of tools. . . occupational therapy has another advantage. We don't need to fear that the patient hurts himself . . . through overexercise . . . the dosage of therapy happens automatically so to say." (p.70, 71).

"The main area for the application of this method will be doubtless disabilities of the upper extremities," especially the hands. "Duration and intensity of treatment depend not only on the degree of the pathological-anatomical changes, but also, and perhaps to a larger extent, on social considerations. It is at this point that occupational therapy can and should be utilized. The better we will be able to familiarize ourselves with this new and yet insufficiently explored branch of our science the larger will be its area of application." (p.70, p.106).

The Orthopedic Hospital and the Schools for Invalids,

\* Spitzzy, Hans, and Hartwich, Alexander,  
Orthopedische Behandlung Kriegsverwundeter  
1915 Urban & Schwarzenberg, Wien

I am told, were in existence until 1919. The idea of rehabilitation got lost and physical medicine was represented by physical therapy, especially electrotherapy. Between the wars the City of Vienna developed schools for handicapped children. A rehabilitation program was started anew in some military hospitals during World War II, but the developments stopped again with the occupation.

At present a "Zeitschrift fuer Physikalische Therapie, Baeder- und Klimaheilkunde" (Journal for Physical Therapy, Balneology and Climatology) is published for the third year. A regulation of Oct. 30, 1950, based on the Physicians' law of March 30, 1949, has just re-established the specialty of physical medicine. The few physiatrists form a group within the Physicians' Chamber, an institution based on public law, but no professional organization, comparable to the American Society or Congress of Physical Medicine is in existence. Neither are therapists organized, and the only school in Austria which trained physical and exercise therapists graduated its last class in October. No new applicants could be found because the Nursing Law of March 30, 1949 orders, contrary to the usual practice elsewhere, that therapists have to go through two years of nursing school before entering their specialized training.

Yours sincerely,

Conrad Gable, M.A., O.T.R.,  
Halleran V.A. Hospital

Formerly United Nations Social Welfare Adviser,  
Specialist in Occupational Therapy, to the government of Austria.



*Typical Scene of Maine's Rocky Coastline*

Hello, O.T. Friends:

Since you will be coming to the convention at Wentworth-by-the-Sea in Portsmouth, New Hampshire, next September 8-15, we know you are anxious to know what we have in store for you. Our plans are being formulated now and we can assure you an interesting and unusual and constructive convention. Watch for the tentative program in the June issue of the American Journal of Occupational Therapy which will be the *Convention Issue* this year.

Also plan to visit other parts of Northern New England as well. For those of you who have always wanted to tour Maine, the Pine Tree State, the information from Mr. Richard Hebert, Editorial Manager of the Maine Publicity Bureau, should interest you:

"Probably no other state in the country has the great

variety of seashore, mountain, lake and wilderness attractions in such close proximity from any given spot as has the Pine Tree State.

"Important therapy work is being done in Maine at such places as the Togus Veterans Center, the Hyde Memorial Home of the Pine Tree Society for Crippled Children at Bath, and the same organization's summer camp at Rome, in the Belgrade Lakes Region. Other centers where the profession is practised are scattered throughout the State. Visitors are always welcome, especially those interested in occupational therapy."

And for those of you who wish to visit the splendors of the White and Green Mountains, why not plan a trip through New Hampshire and Vermont. Mr. Hard of the Vermont State Development Commission presents the following picture:

"It has been said that Vermont is truly New England, only more so. The pioneer traits that made the Pilgrims seek a new way of life in a wilderness have found an important survival in the sturdy, independent thinking and living so apparent in the Vermont of today.

"Hardly a town in Vermont lacks its eminence. In this small state there are more than 900 peaks whose summits are 2000 feet or more above the sea. These peaks with their foothill forests dominate the state. They are uniformly clothed with verdure from base to summit—not stark and barren rock. Their summits are not capped with eternal snows. They are *friendly mountains* which induce admiration and affection rather than awe. They are, however, real mountains and command varied panoramas.

"To those for whom the history of an area is an appreciable part of vacation travel, the historical markers erected in Vermont hold particular interest. These green and gold markers are located for most practical use on travelled routes.

"It is difficult to find a dull or uninteresting spot in Vermont. From the Massachusetts line to the Canadian border, from Lake Champlain to the Connecticut River, are few acres that would not make worthy subjects for the artist's brush or the photographer's camera."

What could be more enjoyable than to spend a week of inspiration learning, renewing acquaintances, and meeting new friends at the convention, to be followed by a tour through our beloved New England.

Sincerely,  
Esther Drew, Chairman,  
Publicity Committee.

## MEETINGS OF THE BOARD OF MANAGEMENT AMERICAN OCCUPATIONAL THERAPY ASSOCIATION

Hotel Colorado, Glenwood Springs, Colorado  
Monday, October 16, and Thursday, October 19, 1950

The board meeting was called to order at 9:15 a.m. by the President, Mrs. Winifred C. Kahmann.

### *Roll Call and Proxies*

#### Members Present:

Mrs. Winifred C. Kahmann  
Miss Helen S. Willard  
Miss Marjorie Taylor  
Miss Clare S. Spackman  
Miss Marian Davis  
Miss H. Elizabeth Messick  
Lt. Col. Ruth Robinson  
Miss Carlotta Welles  
Sister Jeanne Marie Bonnet  
Dr. Catherine Worthingham

Miss Violet Corliss  
Miss Edna Faeser  
Mrs. Blanche Ringel  
Miss Meryl Van Vlack  
Miss Elizabeth Withers  
Proxies held for:  
Dr. William R. Dunton  
Mrs. Sue Hurt Gibbs  
Miss Margaret Gleave  
Dr. Walter E. Barton

Resignations of the following two board members were read and accepted:

Dr. Howard A. Rusk

Miss Doris Wilkins

**AJOT V, 2, 1951**

*Minutes of the Previous Meeting.* The minutes of the mid-year board meeting held at French Lick, Indiana on April 17, 1950, were accepted as distributed by mail.

These minutes record the committee reports and other business of the Board in the order in which discussion proceeded, rather than in the order of the printed agenda.

*Committee on Research and Application.* At the completion of its first year, Miss Rood's report for this committee indicated considerable work in process and several new projects to be initiated. Sister Jeanne Marie's report from the subcommittee on Research carried a detailed account of the research study conducted at Hines VA Hospital during the summer of 1950. Problems concerned with patient rehabilitation on the NP Service, the effectiveness of occupational therapy and problems related to clinical training were analyzed and evaluated in terms of implications for research. The research manual, discussed at the April meeting, is scheduled for publication in A.J.O.T.

The sub-committee on Application reported the completion of bibliographies on multiple sclerosis and vocational rehabilitation.

The following recommendations to the Board were read and accepted:

1. The addition of the O.T. chiefs of V.A. and Army and all school directors having graduate curricula to the main committee.
2. The presentation of one teaching unit text by each O.T. school in 1951, selection of the best to be printed in inexpensive format for trial use.
3. The selection of 150 registration exam items to be used as part of the Graduate Survey Exams taken by O.T. students starting graduate study. It was pointed out that such an exam would provide a profile for counseling and a basis for research. There was further discussion of these recommendations in the meetings of the Schools and Curricula section of the Education Committee.

Report accepted with appreciation.

*Committee on Publicity and Recruitment.* Miss Wilson's report of the activities of State O.T. Associations and/or individuals in both the recruitment and publicity phase was enthusiastically received by the Board. It was felt that much had been accomplished during the Committee's first year of activity. Statistics indicated that over 12,000 pieces of O.T. literature have been distributed and that an estimated 13,110 persons have been reached by members of local O.T. recruitment committees.

On the publicity phase of the program, an increase was reported in the number of O.T. articles in national magazines and local newspapers resulting in a more broadening interest in and knowledge of the profession. It was pointed out that through the assistance of advertising councils in all large cities, much more publicity could be realized.

Recommendations presented and subsequently approved by the Board were as follows:

1. Determining the number of occupational therapists needed to maintain an active working force large enough to meet the need.
2. Taking steps to provide less expensive professional education through direct subsidies in the form of grants-in-aid, scholarships granted by local O.T. groups, encouraging state and land-grant institutions to start professional courses, continuing accelerated courses, and encouraging more flexible curricula in present O.T. schools so that part-time students might be accommodated.
3. Encouraging hospitals and other institutions to employ part-time therapists in view of the existing shortage and the interest in such programs by therapists otherwise lost to the profession.
4. Appealing to groups who employ large number of O.T.s, such V.A., W.M.S.C., State departments of

Health, Welfare, Correction and Mental Hygiene and other health groups for assistance in subsidizing professional training and supporting publicity measures.

5. Exploring means of obtaining a full time professional publicity director for the Association.

Report accepted with appreciation.

*Permanent Conference Committee.* Mrs. Murphy reported that plans for the 1951 A.O.T.A. Convention are well under way by the Northern New England O.T. Association at Wentworth-by-the-Sea in Portsmouth, New Hampshire. The group plans to introduce workshops in art in place of some general afternoon sessions to follow lectures on theory and scientific papers in the morning sessions.

The Board accepted the proposal to reverse plans for 1952 and 1953, thereby scheduling the Minnesota-Wisconsin area for 1952 and Texas for 1953. No decision was reached concerning convention sites in these areas.

A recent proposal from the Hotel Shoreham in Washington, D.C. for the 1954 Convention was presented and subsequently accepted by the Board, ruling out the Hotel Statler as originally planned.

The Board voted to hold the mid-year meeting at the Hotel Schroeder in Milwaukee, Wisconsin, April 14-15, 1951, and in Cincinnati, Ohio in 1952. Dates of the 1952 meeting were not decided.

Report accepted with appreciation.

With regret, the Board accepted the resignation of Mrs. Lucie S. Murphy as Permanent Conference Chairman. Miss Josephine Davis has been named her successor.

*Report on A.J.O.T.* Mrs. Murphy reported that although material for A.J.O.T. was coming in well, she felt that articles submitted did not represent a balance among the various disability areas. She particularly noted the lack of emphasis in the fields of psychiatry and tuberculosis.

Advertising was reported to be good although O.T.s must be encouraged to patronize these advertisers in order to maintain their interest and support.

The section entitled *Depts. You Should Know* will be altered somewhat in future issues to include specific problems encountered as well as the general description of activities in order to assist various departments in their growth and development.

The question of publishing A.J.O.T. on a monthly basis, referred to the House of Delegates after the mid-year Board Meeting, has been postponed by the House until 1951. A cost analysis will be presented prior to further consideration.

Report accepted with appreciation.

*Report of the Executive Director.* Since this report had been distributed to all Board Members prior to the October meeting, only minimum details are included in these minutes.

The Board approved the recommendation of establishing the policy of making a public announcement with regard to any openings for positions as they may occur in the National Office in the future. It was agreed that such announcement should include the prerequisites and qualifications desired, duties and responsibilities of the position, an invitation to apply and any other information helpful to a person considering the job. To date, no one has been named to fill the vacancy left by the resignation of the Educational Field Secretary in May.

It was reported that as a result of the publicity and recruitment effort during the past year, the National Office has noted a marked increase in the distribution of informational material. The number of magazine articles has been notable. Only two thirds of the budget allotted to the Recruitment Committee has been spent during the past year. A portion of the remaining funds has been used for the production of two film strips as authorized by the Board. These film strips are now available for use.

Results of a school survey to determine the effect of the recruitment program on enrollment statistics indicate its effectiveness by a range of 2%-100% (aver. 28%) increase in school enrollment figures for the academic year 1950-1951.

Publication of the Vocational Guidance Counselor's Manual by the National Society for Crippled Children and Adults has been unavoidably delayed, but is now scheduled for January 1951. It is expected that Alpha Beta Pi will assume cost of publication. Publication of a new A.O.T.A. brochure will be considered by the National Society after its Easter Seal Sale in 1951.

In compliance with the Board's approval in April, honorary life memberships have been extended to Mrs. Meta Cobb, Miss Geraldine Lermitt and Miss Mary Merritt. An Award of Merit has also been made to Mrs. Eva Otto Munzeshimer for distinguished service as Educational Field Secretary.

As authorized by the Board at the mid-year meeting, a committee was formed to work with a New York architect in the development of Standard Plans for O.T. Depts. Completion of the first basic unit (staffed by one O.T.) is expected in December or January while plans for the larger unit are still in an early stage of development. At the decision of the Board, plans will be submitted to U. S. Public Health Service architects for approval prior to approaching the American Hospital Association for publication in their official organ HOSPITALS. It was felt that both units should appear at the same time. It was also suggested that the A.H.A. be requested to publish the plans, text and equipment and supply lists in booklet form similar to their 1949 publication, "Essentials of a Hospital Department—Physical Therapy."

It was announced that since the A.O.T.A. scholarship fund had only reached \$500, an award cannot be considered at this time. At a subsequent meeting, it was the recommendation of the House of Delegates that only those donations from state and regional associations which are specifically stated as such should be allocated to the scholarship fund.

Replies to the military service questionnaire sent to all occupational therapists in August, 1950, have been somewhat encouraging and will be kept on file for future use. Breakdown of 1,315 completed to October 15, show: 548 available for military service if called, 646 not interested or available, and 121 uncertain.

As approved by the Board in April, the National Office has been completely repainted and the storage space enlarged by the addition of five units of steel shelving.

Miss West also reported the following statistics: 2,986 members paid up for 1950, with 591 in arrears; 3,099 O.T.R.s in good standing for 1950, with 772 in arrears.

Report accepted with appreciation.

*Report of the Treasurer.* Prior to the annual meeting, financial statements were mailed to all Board members. The Treasurer therefore reviewed only those items which constituted some question or change in procedure.

It was noted with considerable gratification that A.J.-O.T. income exceeded expenses by a small margin during the past fiscal year.

The following recommendations were made and accepted by the Board:

1. Separating "excess of income over expenditures" from the yearly income statement, in order to avoid misinterpretation, and carrying any such amounts as surplus.

2. Including the estimated budget of the previous year in each annual report of the Treasurer.

3. Separating convention and A.J.O.T. expenses from other statements to avoid the possible spending of these receipts on other Association activities.

At the approval of the Board, \$400 was allocated from the General Fund for publication of the Manual of Adapted Equipment.

Report accepted with appreciation and the budget approved for the 1950-51 fiscal year.

*Report of the Speaker of the House of Delegates.* Miss Faeser reported that there are now 31 state, regional and territorial O.T. Associations, Georgia having recently been accepted by the House. Puerto Rico has been given tentative acceptance pending presentation of their constitution for approval.

The Board approved the unanimous recommendation of the House of Delegates to publish the A.O.T.A. Newsletter monthly as of January 1951 for a year's trial period. It will be a two rather than four-page edition.

The Speaker reported that the "Constitutional Guide for Delegates" had been approved as revised. Both the "Handbook for Delegates" and "Formation and Function of the House of Delegates" are still under consideration. At a subsequent meeting, the Board voted to consider the Handbook for final approval at the April 1951 mid-year meeting.

Report accepted with appreciation.

*Report of the Educational Field Secretary.* Since the report had been distributed to all Board members prior to the October meeting, only brief details are included in these minutes. Miss West presented this report for the Educational Field Secretary.

A summary of projects completed in the Educational Research Program during 1949-1950 includes five completed projects and five projects still under development. An analysis of the ratings of the Performance Report Form compared to ratings on the Registration Exams as well as a study of the internal analysis made of both parts of the form are under way at the present time.

The preliminary trial forms for the Student Selection Instruments project have been administered to approximately 400 practicing therapists for purposes of validation. Analysis of the answers to these items will be completed this fall.

Replies from the Evaluation of O.T. Dept. Survey Forms sent out as a pilot study this year are now being analyzed.

Efforts to obtain scholarship funds under the National Mental Health Act have continued. Mrs. Eva O. Munzeshimer has agreed to continue in the capacity of A.O.T.A. consultant to the Training Committee of the U.S.P.H.S.

The University of Southern California again this past summer conducted a course of instruction in the application of O.T. in the treatment of poliomyelitis with a total enrollment of 18. Scholarships for the course were granted by the N.F.I.P.

The Educational Field Secretary represented the Association in San Juan, Puerto Rico at the First Institute for Rehabilitation Problems held in February, 1950. She also spent considerable time with the O.T. group there assisting them with their special problems in connection with organizing an affiliated association.

Report accepted with appreciation.

*Reports of Chairmen of Standing Committees:*

*Education Committee.* Miss Willard reported little action with regard to new schools interested in initiating O.T. training courses. A considerably increased enrollment in existing schools has been realized in 1950.

In-service training programs for psychiatric aides have been carried on in several O.T. departments and considerable interest is evidenced by requests for the suggested outline. It was felt that efforts should now be made to initiate an effective follow-up program where these courses have been given in order to determine their effectiveness and possible indicated revisions of the outline.

Special course for V.A. personnel and Industrial Arts graduates, as approved by the Board, were started this fall



with a total enrollment of 32 in the three designated schools.

The combined P.T.-O.T. curriculum as established at the University of Toronto and McGill University and contemplated in Puerto Rico was discussed at some length. At a subsequent meeting of the Board, it was voted to inform the Canadian O.T. Association that the A.O.T.A. retracts its reciprocity agreement with the Canadian O.Ts. The proposal also stated that word be sent to both McGill and Toronto Universities expressing A.O.T.A. disapproval of the new curriculum.

Special committees have been appointed to: 1) Develop standardization of M.A. requirements in O.T. and 2) critically study the present O.T. training course to determine the need for a change of emphasis.

It was recommended by the Education Committee and approved by the Board to re-establish short courses to help meet the need for Army O.T.'s, and that the Office of the Surgeon General be contacted with regard to subsidizing these training courses. A proposed outline of training was read and accepted. A Committee was appointed to review final course outline and to work out other details.

During the past year, members of the Education Committee have been consulted by the Alverno School of Music in Milwaukee with reference to recognition of an O.T. course with specialization in music. An outline of their present curriculum was presented to the Board for approval. There was considerable discussion as to the advisability of specialization in the future as well as a critical study of the problem in question. Question was raised as to whether the Alverno School could fully meet the A.M.A. essentials of an acceptable school of O.T., especially whether 1) an O.T. Director would be employed; 2) whether a qualified O.T. could be obtained to teach O.T. theory; and 3) whether full clinical training requirements could be met. It was recommended that the Board commend the School for the steps that they have taken and raise the question of how they propose to meet the above points. It was also suggested that the attitude of the A.M.A. in regard to such a program be ascertained.

Report accepted with appreciation.

*Registration Committee.* Miss West, Chairman pro-tem, reported that the registration examination was administered this past year to 390 examinees, whose averages compare very favorably with those obtained by previous groups. Construction of an entirely new part was introduced in the February, 1950, exam and also appeared in the June exam, making a total of one and one-half completed examinations to date.

A fourth new part is now under construction and it is felt that with the aid of the Item Writer's Manual recently completed by the Educational Research Consultant, therapists will be better able to submit good items for use by the committee.

Considerable time and effort has been spent this year in revising the present curriculum guide and re-allocating the various percentages allotted to each area of O.T. according to the present instructional outlines. All current exam items will be re-classified according to the new "Guide."

It was again emphasized that clinical training directors must be urged to submit report forms as soon as the student completes her affiliation in order to expedite announcement of registration exam results.

Report accepted with appreciation.

*Legislative and Civil Service Committee.* Miss Messick reported results of the questionnaire sent out this summer to State Personnel Officers and Merit System Supervisors in an effort to determine the number of and requirements for O.T. positions. Replies from 33 of the 55 questionnaires sent have been received, 8 of which reported no

established positions for O.T.'s. Of the 25 remaining states, there were 494 O.T.'s, aides and instructors in a total of 113 hospitals with 172 reported vacancies. The largest number of these hospitals were psychiatric. It was found that New York State employed the greatest number of O.T.'s, with 234 O.T. positions (not all for O.T.Rs.) and 55 vacancies and in addition employed the greatest number per patient population at New York State Rehabilitation Hospital with 14 O.T.Rs. and 3 vacancies in a 200-bed hospital.

Levels of positions reported ranged from 1 to 8 with greatest number reporting 3 to 5 levels. Salaries of all levels ranged from \$135 per month for unqualified personnel, to \$576 per month. Annual leave averaged two weeks. Many states which replied included their position descriptions and qualification standards and others asked for assistance in developing such material.

The question of licensing or state registration has been carefully studied and it is felt that the matter need not be considered at this time.

It was felt that the next project of this committee should be concerned with a further breakdown directed at the county level.

Report accepted with appreciation.

With regret, the Board accepted the resignation of Miss Elizabeth Messick as Chairman of the Legislative and Civil Service Committee. Miss Naida Ackley was named as her successor.

*Committee on Nominations.* Miss West announced the results of the 1950 election of officers and board members in the absence of Miss Theresa Burmeister, Chairman of the Committee.

Based on the 1127 ballots cast, the following elections were made:

Re-elected as Treasurer—Miss Clare S. Spackman

Re-elected as Board members—Sister Jeanne Marie Bonnet  
Miss Elizabeth Messick

Newly-elected to the Board—Miss Patricia Exton

The recent resignation of Dr. Howard A. Rusk as a Fellow on the Board was announced with regret. This withdrawal was occasioned by his appointment as Medical Advisor to the National Security Resources Board of the Federal Government. The slate as presented, namely Dr. Fremont A. Chandler, Dr. Arthur C. Jones, and Dr. M. G. Westmoreland were elected as Fellows on the Board of Management.

Report accepted with appreciation.

*New Business.*

1. The following candidates were recommended for appointment as Fellows of the A.O.T.A. and were approved by the Board. Drs. Karl M. Bowman, Sterling Bunnell, Raymond B. Allen, Donald L. Rose, Sidney Licht, F. H. Arestad, A. C. C. Knudson, and Henry H. Kessler. It was suggested that a complete list of Fellows of the A.O.T.A. be published in the A.O.T.A. Newsletter for benefit of the membership.

2. Miss West discussed a recent proposal from the Carl F. Mahnke Co. of Des Moines, Iowa, concerned with the production of a movie on occupational therapy as a career. She was interested in gathering any further information from the Board in this matter. It was decided to review the education films sent to us for approval and to submit additional data at the 1951 mid-year Board meeting.

3. On the recommendation of Dr. William Dunton, the Board voted to award honorary life membership to Mr. Everett S. Elwood and Dr. Joseph C. Doane.

4. At a later Board meeting on Thursday, October 19, Dr. Licht presented for Board consideration problems related to the Manual Arts and Educational Therapists of the V.A. Hospitals. The following proposal was presented: (1) That A.O.T.A. extend to these V.A. groups special membership in A.O.T.A. (similar to associate).

(2) That these groups be allowed to elect one member to serve on the Board of Management, and (3) That one session at each annual meeting of the A.O.T.A. be set aside for these groups.

Dr. Licht felt that these V.A. groups look toward the closer relationship with A.O.T.A. as a feeling of security in their jobs and as a means through which they can present their problems to the A.O.T.A.

The evening discussion brought up several points of consideration. The Board considered the advisability of effecting a plan to allow one voting Board member for every 100 members of the V.A. group. It was suggested that the vote be retracted if membership falls below 50. It was generally agreed that some workable plan must be effected since occupational therapy, facing an acute shortage of personnel, needs the assistance of such groups in order to more nearly meet the demands of today. It was felt that similar groups outside of V.A. ought to be considered in such a proposal.

The Board voted (1) To advise these (V.A.) groups through Dr. Licht of the availability of associate membership in the A.O.T.A., (2) To invite members of these groups to participate in the program of the next annual meeting, and (3) to interpret these points to the House of Delegates with the suggestion that State O.T. Associations encourage these groups to become Associate State Members.

5. The Board voted to approve an increase in salary of Assistant to the Executive Director in the National Office, retroactive to September 1, 1950.

6. A sample metallic O.T. emblem for use on automobiles as professional identification was presented to the Board for approval by the Massachusetts O.T. Association. The cost per emblem was estimated at \$2. It was the general feeling of the Board that such a move was not advisable at the present time. Further discussion was tabled until 1951 mid-year meeting.

7. The question of alternating our National Convention with Regional Meetings in succeeding years was brought up and the Board voted to refer the question back to each state association, requesting that the matter be placed on the agenda of the House for the 1951 meeting.

8. The House requested the opinion of the Board regarding the establishment of social security in hospitals. Approval was expressed by the Board.

9. The House requested clarification of A.O.T.A. policy on conferring honorary life membership and awards of merit. Statements of qualifications for both were presented and referred back to the House.

There being no further business, the final meeting was adjourned Thursday night, October 19, 1950.

Respectfully submitted,

Wilma L. West, O.T.R.,  
Executive Director

#### *Treasurer's Report—October, 1950*

The financial status of the American Occupational Therapy Association is sound, but not affluent. (The figures used in the following report are in round numbers. Actual figures can be found in the accompanying financial statement and budget).

The General Fund, which maintains the main office, has a budget of approximately \$60,000. Although this may seem a large sum, we actually lack funds to do many of the things which we should do for the development of our profession and for the membership. An example of the first is the News Letter, which costs \$900, not

counting the staff time required in preparation of copy, addressing and stuffing the envelopes.

Our main income, which comes from registration fees and dues, remains stable, i.e., \$17,000 for registration fees and \$22,500 for membership, of which \$9000 is allotted to A.J.O.T.

Unfortunately, our need always seems to be greater than our income. It is, therefore, with congratulations to Mrs. Murphy that we can announce that this year for the first time A.J.O.T. has paid for itself, including publication and editorial services. It is hoped that this fine record can be maintained. Aside from A.J.O.T., our biggest expenditure is for salaries, which will this year be approximately \$17,500. This includes Miss West, Miss Warren, the bookkeeper and three clerk-typists. Small items also mount up. For instance, postage/alone costs approximately \$1500 per year. Recruitment, to which the State associations have contributed so generously financially, as well as with personal time and effort, has cost \$2000. Such instances could be cited indefinitely.

The Education Office, which is financially separated from the General Office, has a budget of \$16,500, in addition to which we have \$7,500 from the Grant Foundation for the Selection Instruments Project. This year we have been able to transfer \$3000 from general funds to the Education Office and next year plan to do the same. This is essential as the grant from the Kellogg Foundation has terminated and grants from other foundations, such as that from the Grant Foundation, are made not for the maintenance of this office, but for special projects. Each year we have warned that we should soon have to finance the Education Office from our own funds. This year it is not a warning, but a fact.

There is in the Endowment Fund \$18,700 which comes primarily from the legacy from Miss Katharine Root. The interest from this is, by action of the Board, being re-invested and forms a reserve fund. The purpose of this fund is for use in an emergency and to give financial stability to the A.O.T.A. It has been established because the capital of the Endowment Fund may not be used under the terms of the bequest.

Our cash reserve fund is \$12,500, with \$2500 in government bonds.

With the most careful possible budgeting and the cutting of such vital items as recruitment and travel it was still found impossible to present a balanced budget for 1950-51. Permission has therefore been requested to use \$4000 from the reserve fund. Such a procedure is not desirable. We should be able to maintain our yearly program on our yearly income.

We could easily make up this deficit in two ways. First, we have 750 members who have not paid their dues. If they were to pay up, we would have \$2000 more than the needed \$4000. But many of these are newlyweds and cannot afford to continue as members. Second, if 2000 of our 3600 members would become sustaining members, paying \$10 a year instead of \$8, this also would give the needed \$4000. We don't want to raise dues again, although we pay less than many similar organizations. Therefore, won't each one of you who can become a sustaining member of the A.O.T.A.?

Respectfully submitted,

Clare S. Spackman,  
Treasurer.

The financial statement of A.O.T.A. funds prepared by the Treasurer appears on the next page.

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# AMERICAN OCCUPATIONAL THERAPY ASSOCIATION GENERAL FUND

	A c t u a l		Proposed
	Year Ending Aug. 31, 1949	Year Ending Aug. 31, 1950	Year Ending Aug. 31, 1951
<b>INCOME:</b>			
Registration Fees	\$16,295.50	\$16,871.38	\$17,000.00
Members' Dues (1949 includes Subs. to A.J.O.T.)	22,274.25	13,687.67	13,750.00
Members' Subscription to A.J.O.T.		8,859.00	9,000.00
A.J.O.T.—Subscriptions	2,123.39	2,305.35	2,300.00
-Advertising, etc.	2,357.30	6,267.95	6,526.00
Year Book—Single Copies	206.64	143.43	150.00
-Advertising	1,780.04	1,958.81	1,800.00
Volunteer Course	132.00	117.00	100.00
Annual Convention—Previous Year	4,621.26	724.56	
Current Year	6,785.16	665.00	2,500.00
Sales—Literature	704.47	775.70)	
O.T. Insignia	805.46	682.06)	1,500.00
O.T. Pins	107.00	137.00)	
Interest on Bonds		461.25)	507.50
Interest on Bank Balance		24.19)	
Donations—General	387.50	489.75	200.00
Exhibits		157.50	
Miscellaneous	126.20	10.00	
<b>TOTAL INCOME</b>	<b>\$58,706.17</b>	<b>\$54,337.60</b>	<b>\$55,333.50</b>
Transferred from Surplus			4,000.00
			<b>\$59,333.50</b>
<b>EXPENSE:</b>			
Salaries	12,673.70	16,039.71	17,500.00
Rent and Light	1,865.04	1,943.36	2,100.00
Telephone and Telegraph	484.56	503.27	500.00
Auditing	130.00	190.00	200.00
Printing—Year Book	3,012.00	3,846.39)	5,000.00
Printing—Other	1,726.02	1,054.66)	
Books and Subscriptions		186.78	150.00
Office Supplies	607.24	1,218.72	1,000.00
Postage and Express	1,321.24	1,460.99	1,500.00
Payroll Taxes	512.70	727.29	900.00
Repairs	32.09	253.79	400.00
Depreciation	335.12	371.72	300.00
Travel	983.23	1,540.38	1,500.00
A.J.O.T.—Costs and Expenses	10,211.97 (8 mos.)	16,816.68	16,510.00
Cooperation with other agencies	202.59	327.34	350.00
Recruitment and Publicity	1,329.57	1,994.34	2,000.00
Annual Convention—Previous Year	2,975.58	583.95	
Current Year	5,045.04	338.48	2,200.00
Exhibits	66.33	197.20	100.00
Standard Plans			1,000.00
Grant to Education Fund			3,000.00
Cost of Sales—Literature	796.10	567.93)	
O.T. Insignia	596.89	239.22)	1,000.00
O.T. Pins	107.00	132.00)	
Miscellaneous	442.68	238.21	200.00
Newsletter		865.89	900.00
Withdrawal of Interest for Investment			507.50
Donations transferred to Scholarship Reserve		489.75	200.00
<b>TOTAL EXPENSE</b>	<b>\$45,456.69</b>	<b>\$52,128.05</b>	<b>\$59,017.50</b>
Excess of Income Over Expense	<b>\$13,249.48</b>	<b>\$ 2,209.55</b>	<b>\$ 316.00</b>

# AMERICAN OCCUPATIONAL THERAPY ASSOCIATION EDUCATION FUND

	Actual Inc. & Exp. 1948-1949	Inc. & Exp. 1949-1950	Proposed Inc. & Exp. 1950-1951
Balance September 1st .....	\$ 5,570.87	\$ 5,752.72	\$ 8,216.14
<b>INCOME:</b>			
Kellogg Grant .....	10,000.00	8,000.00	
Examination Fees .....	3,620.00	3,920.00	4,000.00
Reprints Sold .....	228.80	268.77	250.00
Institute Convention—1948 .....	1,519.17		1,000.00
Institute Convention—1949 .....	1,144.00		
Surveys .....	50.00		
Interest on Bank Balance .....	62.27	89.28	75.00
Sale of Dictaphone .....	698.76		
From General Fund .....		3,000.00	3,000.00
Miscellaneous .....			
	\$22,893.87	\$21,030.77	\$16,541.14
<b>EXPENSES:</b>			
N.F.I.P. Scholarships .....	4,416.10		
Salaries .....	5,613.98	5,455.06	6,500.00
Consultants Fee .....	2,570.00	1,860.00	1,800.00
Committee Expense .....	179.11	558.98	600.00
Reprints Purchased .....	106.59	869.38	150.00
Postage and Expressage .....	324.51	373.44	400.00
Office Supplies .....	343.83	396.84	400.00
Travel .....	316.19	330.36	300.00
Telephone and Telegraph .....	225.57	242.58	250.00
Printing .....	628.96	1,012.56	1,000.00
Office Repairs .....		74.75	75.00
Audit .....	90.00	100.00	100.00
Taxes .....	214.84	217.50	220.00
Furniture Purchased .....	127.39	65.28	100.00
Rent and Light .....	780.00	820.00	900.00
Computations .....	416.70	293.75	300.00
Institute Convention .....	196.26	93.88	400.00
Special Account .....	474.88		
Miscellaneous .....	116.24	50.27	50.00
	\$17,141.15	\$12,814.63	\$13,545.00
<b>RESERVE</b> .....	5,752.72	8,216.14	2,996.14
	\$22,893.87	\$21,030.77	\$16,541.14

## MEETINGS OF THE HOUSE OF DELEGATES AMERICAN OCCUPATIONAL THERAPY ASSOCIATION

October 15, 16, 19, 1950  
Glenwood Springs, Colorado

The meeting was called to order by the Speaker of the House, Miss Edna Faeser. The Secretary called the roll.

Present were:

Association	Delegate
California, Northern	Louise Burton
California, Southern	Carlotta Welles
Colorado	Gloria Rath
Connecticut	
District of Columbia	Violet Corliss
Illinois	Ella Fay
Indiana	Edna Faeser
Iowa	Maxine Ferrell
Kansas	Nancie Greenman
Kentucky	Nell McCulloch
Maryland	Eleanor Owen
Massachusetts	Veronica Dobranske
Michigan	Janet Patterson
Minnesota	Genevieve Anderson
Missouri	Agnes Rickman

Northern New England	Eileen Dixey
New Jersey	Naida Ackley
New York	Blanche Ringel
New York, Western	Eleanor Schreyer
Ohio	Mildred Schwagmeyer
Oklahoma	Esther Dowd
Oregon	Elizabeth Coulter
Pennsylvania	Ruth Greve
Pennsylvania, Western	Dorothy Wirt
Tennessee	Elizabeth Withers
Texas	Cornelia Watson
Virginia	Elizabeth Messick
Washington	Edna-Ellen Bell
Wisconsin	Jeanne Foy

Eight alternate delegates also attended the meetings.

## REPORT OF THE SECRETARY OF THE HOUSE OF DELEGATES AND THE COMMITTEE ON CREDENTIALS.

Credentials, satisfactory to the Committee on Credentials, were received for the delegates of twenty-eight of the thirty affiliated associations of the House of Delegates. These representatives were all present. The Con-

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necticut Occupational Therapy Association and the Hawaii Occupational Therapy Association were not represented. Both submitted written statements of membership opinion regarding the items on the agenda.

The constitutions of member associations of the House of Delegates have not been reviewed by the Committee during the past year in accordance with House action deferring such review until definitely stated minimum requirements for state and regional associations have been formulated and adopted.

The Secretary reported that the requested list of local officers has not been received from the following associations: Southern California, Northern New England, Wisconsin, Michigan, Connecticut, Massachusetts and Tennessee.

Requests for affiliation with the House of Delegates of the American Occupational Therapy Association have been submitted by two associations, the Puerto Rico Occupational Therapy Association and the Georgia Occupational Therapy Association. The Committee on Credentials has reviewed the applications, constitutions and membership lists of these associations and reported that the applications are acceptable to the Committee although the constitutions do not meet the minimum requirements for affiliation as stated in the "Constitutional Guide for Affiliated Associations of the House of Delegates of the American Occupational Therapy Association". This Guide, which has been compiled during the past year on authorization of the House, will be presented for the consideration of the delegates at this meeting.

Credentials for the delegate of the Puerto Rico Occupational Therapy Association were received but the delegate had not reported. The Committee on Credentials recommended that, pending the arrival of the delegate and the acceptance of the credentials, the Puerto Rico Occupational Therapy Association be accepted for provisional membership in the House of Delegates with the proviso that its constitution be re-written in accordance with the established minimum requirements for affiliation; that the delegate of the Puerto Rico Occupational Therapy Association be seated on arrival, if the credentials were found to be in order.

Credentials for the delegate of the Georgia Occupational Therapy Association were received, the elected delegate reported to the Committee on Credentials, the credentials were checked and found to be in order. The Committee on Credentials recommended that the Georgia Occupational Therapy Association be accepted for membership in the House of Delegates with the proviso that its constitution be re-written in accordance with the established minimum requirements for affiliation; that the delegate of the Georgia Occupational Therapy Association be seated.

The report was accepted with appreciation.

*It was voted:* That the recommendations of the Committee on Credentials be accepted; that the Puerto Rico Occupational Therapy Association be accepted for provisional membership, subject to the proviso recommended by the Committee.

*It was voted:* That the recommendations of the Committee on Credentials be accepted; that the Georgia Occupational Therapy Association be accepted for membership, subject to the proviso recommended by the Committee; that the delegate be seated.

In accordance with the stipulation that delegates shall be elected according to the rotation schedule adopted by the House of Delegates, the Secretary assigned the Puerto Rico Occupational Therapy Association to the term starting in 1950 and every three years thereafter, the Georgia Occupational Therapy Association to the term starting in 1951 and every three years thereafter.

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#### ADMISSION OF NEW ASSOCIATIONS

The delegate of the Georgia Occupational Therapy Association, Martha Schnebly, was welcomed to the House of Delegates.

The delegate of the Puerto Rico Occupational Therapy Association, Carmen Perez, was not present until the final meeting of the House of Delegates, at which no business may be conducted.

#### APPOINTMENT OF COMMITTEES

The Speaker announced that the Vice-Speaker, Dorothy Wirt, would serve as Parliamentarian for the meetings of the House of Delegates.

The Nominating Committee was appointed by the Speaker:

Eleanor Owen—Chairman  
Maxine Ferrell  
Carlotta Welles

The Teller's Committee was appointed by the Speaker:

Nell McCulloch—Chairman  
Jeanne Foy  
Louise Burton

The appointments of the Speaker were approved.

#### REPORTS TO THE HOUSE OF DELEGATES

*Mrs. Winifred Kahmann, President of the A.O.T.A.*

Mrs. Kahmann greeted the members of the House of Delegates. She emphasized the urgent need for occupational therapy personnel to effect the program being developed in the Army Hospitals. Based upon present estimates the armed services will need 100 additional occupational therapists by July 1951 and an added 250 by July 1952. In order to train the number of occupational therapists needed for military service, intensive accelerated courses in occupational therapy, with some means of subsidy, will undoubtedly be necessary. A small committee is to be appointed to study the problem and to initiate appropriate action. Mrs. Kahmann requested that the delegates thank the members of their respective associations for their excellent response to the questionnaire regarding availability for military service. To date 1,315 replies have been received; 548 indicate interest in or availability for military service if called, 646 are not interested or available and 121 are uncertain. She thanked the delegates and the Speaker for their continued interest and cooperation.

The report was accepted with appreciation.

*Miss Wilma West, Executive Director, A.O.T.A.*

Miss West reported that a Vocational Guidance Counselor's Manual has been compiled and it is hoped that it will be published and ready for distribution at an early date. When available this manual will be distributed to guidance counselors in order to provide them with accurate information regarding the profession and to assist them in offering effective counseling with respect to occupational therapy.

She reported completion of the Curriculum Guide (\$1.00), the Manual for Students in Clinical Training (\$1.10) and the revised Director's Guide, (\$4.00) Rater's Guide (\$2.00) and Student Clinical Training Form (\$2.00 per hundred). All are available from the National Office.

Student Selection Instruments, designed to assist in predetermining the ultimate success or failure of the training candidate through evaluation of interests and personality traits, are being developed with the financial support of the Grant Foundation. Multiple-choice, self-administering test items have been written and will be administered, for purposes of validation, to approximately 400 practicing occupational therapists during the coming year.

Two film strips, with accompanying scripts, have been produced by the National Office, "Occupational Therapy Unlimited", 35MM, single frame, black and white, 20 minutes running time, and "O.T. Information, Please", 35MM, single frame, black and white, 15 minutes run-

ning time. All state and regional associations are urged to purchase these two films which are available from the National Office at \$1.00 each.

Miss West requested that the delegates explain to the members of their respective local associations that the billing and deadline for payment of A.O.T.A. membership dues and re-registration fees has been advanced to November 30th, in order that the Occupational Therapy Yearbook may be ready for publication early in 1951.

A survey of the O.T. schools has been made in an effort to determine the effectiveness of the recruitment program. Twenty replies were received. Thirteen schools reported increased enrollment of from 2% to 100% (average 28%). Seven schools reported no change in enrollment. Five of the twenty stated that the recruitment program had had no effect on either enrollment or interest as shown by inquiries received, seven were unable to estimate the effect, three reported increased inquiries but no increased enrollment, three credited the recruitment program with all success for increased enrollment, two reported that it had undoubtedly had some effect.

The report was accepted with appreciation.

*Miss Clare Spackman, Treasurer, A.O.T.A.*

The Treasurer presented the proposed budget for the ensuing year. Copies were distributed to all delegates. Miss Spackman explained in detail the various items on each of the separate Funds and answered questions. For the first time, A.J.O.T. is self-supporting, including the salary of the Editor. In order to balance the proposed budget, a transfer of \$4,000 from Surplus will be necessary. The following statistics were reported:

O.T.Rs. eligible for active membership	3,900
Active members of the A.O.T.A.	3,200
Eligible for active membership but not members	700
O.T.Rs. actively engaged in the profession	2,600
Associate members of the A.O.T.A.	400

The report was accepted with appreciation.

*It was voted:* That the House of Delegates express to the Board of Management its unanimous approval of the proposed budget.

*Board Action:* Budget approved.

*Mrs. Lucie Murphy, Chairman, Permanent Convention Committee*

The 1951 annual convention of the A.O.T.A. will be held at Wentworth-By-The-Sea, Portsmouth, New Hampshire, September 8 to 15th.

Mrs. Murphy reported that the accommodation offered by American Plan Hotels are meeting with the general approval of the members. When such accommodations are available total expenses are less and the informal atmosphere is more conducive to congeniality and professional fellowship.

The report was accepted with appreciation.

*Mrs. Lucie Murphy, Editor of A.J.O.T.*

Mrs. Murphy requested that consideration be given to the proposal that A.J.O.T. be published monthly, or ten months a year plus a buyer's guide. Monthly publications of the magazine would greatly enhance its value to the subscriber by providing a doubled volume of more current topics. It would also denote higher professional standards comparable to other similar professional publications. Although increased advertising would undoubtedly absorb some of the increased cost the matter cannot be considered without ascertaining whether the membership would be willing to accept an increase in dues to finance a monthly publication. It would take approximately two years to effect the change from a bi-monthly to a monthly publication.

Mrs. Murphy requested that the delegates express her compliments to the members of the local associations for the excellent articles which are being submitted for publication. She urged their continued cooperation and requested that they also solicit articles of professional in-

terest from physicians and other individuals. The quality of the magazine is dependent upon the variety and caliber of the material submitted for publication.

The importance of patronizing A.J.O.T. advertisers and of informing the editor of potential advertisers was stressed. Letters and requests for catalogues, recognizing the advertisements in A.J.O.T., are effective.

The report was accepted with appreciation.

Discussion followed. Both A.J.O.T. and the Newsletter, are meeting with the enthusiastic approval of the membership.

*It was voted:* That the proposal of monthly publication of A.J.O.T. be referred to the local associations for consideration; that the editor of A.J.O.T. furnish the delegates with more detailed information regarding the proposal; that the matter be placed on the agenda and reconsidered at the 1951 meeting of the House of Delegates.

*It was voted:* That the House of Delegates recommend to the Board of Management that consideration be given to monthly publication of the Newsletter on a trial basis for the coming year.

*Board Action:* Approved, with the recommendation that the local associations assume the responsibility for submitting current news items of general interest to the National Office.

*Miss Helen Willard, Chairman, Education Committee*

Miss Willard reported that special short courses in occupational therapy have been established, with the approval of the Education Committee and on authorization of the Board of Management, at Richmond Professional Institute, Washington University and the University of Southern California. These courses have been set up to provide for personnel of Manual Arts and Education Departments of Veteran's Administration Hospitals and for industrial arts graduates who wish to become qualified occupational therapists. All candidates must be college graduates and meet other special requirements. At present, thirty-two students are enrolled in these courses in the three schools.

In order to meet the demand for qualified occupational therapists it will be necessary to maintain an effective recruitment program. There are approximately 6000 known vacancies; 3000 in state institutions, 1000 in Army, Air Force, Navy and Veteran's Administration Hospitals, 1500 in private hospitals and 500 in services for crippled children.

There have been approximately 200 requests for the outline of the three month's in-service training program for psychiatric assistants in occupational therapy. There is no record of the number of these programs which have been established.

The Curriculum Guide, recently completed, will be reviewed annually. Significant trends in shift of emphasis in the various areas will be evaluated and the guide revised accordingly.

Combined physical therapy-occupational therapy courses have been established at McGill University and Toronto University in Canada and a similar course is planned in Puerto Rico. The development of these combined courses, which reflects a new trend with the major emphasis on physical disabilities, is being watched with care. None of these combined courses are accredited by the American Medical Association. The Alverno School of Music is establishing a course of study incorporating the minimum essentials of an acceptable school of occupational therapy. If accredited, its graduates will be eligible to take the registration examination and become registered occupational therapists with specialization in music.

A committee, composed of the school directors of those schools offering graduate study in occupational therapy, has been established to study and recommend possible standardization of requirements for graduate degrees.

Copies of a new form to be used by the schools in requesting and scheduling other than regular clinical training assignments were distributed. This form is to be used on recommendation of the Sub-Committee on Clinical Training on a trial basis for one year.

An interim report by the Committee on Evaluation of Occupational Therapy Departments was given. Fifty questionnaires were sent to selected departments distributed geographically throughout the country. The forty-five replies which were received are now being evaluated to determine the suitability and workability of the questionnaire, subsequent to its revision and redistribution. It is anticipated that it will be some time before the final form of the Self-Evaluation questionnaire will be developed.

The report was accepted with appreciation.

*Miss Susan Wilson, Chairman Recruitment Committee*

Miss Wilson reported that there are forty-five local recruitment committees. The following is not a complete report of the activities of these committees but represents the best tabulation possible from the reports submitted:

- 27—Canvasses of schools and colleges
- 28—Radio and television programs
- 68—Magazine and newspaper articles
- 24—Career days, hospital visiting days, etc.
- 44—Window displays
- 25—Participation in vocational guidance programs
- 21—Library contacts
- 5—Visual education displays
- 20—Participation in programs of other organizations
- 2—Scholarship funds
- 475—Speaking engagements

Nearly all chairmen reported Speaker's Bureaus. Approximately 13,310 persons were addressed.

There have been no reports from ten of the local committees. Miss Wilson requested that the delegates inform the presidents of the local associations that a new recruitment chairman should be appointed if the incumbent resigns or is inactive; also that she be notified immediately of any changes in chairmanship. The delegates were requested to urge the local chairmen to be more careful in reporting activities, to keep the progress reports current and to remind the local chairmen that the next report is due in December 1950 or January 1951.

The report was accepted with appreciation.

*Miss Elizabeth Messick, Chairman, Legislative and Civil Service Committee*

Miss Messick reported that a questionnaire had been sent to all states and territories requesting information regarding classifications for occupational therapy personnel provided under civil service. The results of the survey were reported briefly. Further information may be secured from the committee. It is most important that qualifications for occupational therapists be properly outlined in civil service announcements. She urged that each state and regional association appoint a legislative and civil service committee. Sample job descriptions for occupational therapy positions are available from the National Office. The committee offers its assistance to state and regional associations on civil service or legislative problems which may arise.

It is recommended that, based upon the experience of other professional groups, no effort should be made to initiate any action leading toward licensing of occupational therapists.

The report was accepted with appreciation.

*Miss Margaret Rood, Chairman, Research and Application Committee*

Miss Rood requested that the delegates ask the members of their respective associations to submit suggestions for research projects (problems) which could be developed in the schools or in the clinical field. Sub-committees in

the various disability areas have been or will be appointed to screen the proposed research problems and to guide the development of these studies. An article on research methods will be published in A.J.O.T. in the near future.

The report was accepted with appreciation.

#### REPORT OF SPECIAL HOUSE COMMITTEE.

The Chairman of the Committee, Naida Ackley, reported that tentative drafts of the "Constitutional Guide for Affiliated Associations of the House of Delegates of the A.O.T.A.", the revised "Formation and Function of the House of Delegates of the A.O.T.A." and the "Handbook for Delegates" had been sent to the delegates prior to the annual meeting in order that they might be considered by the members of the local associations and the delegates instructed accordingly. She thanked the members of the Committee, Blanche Ringel, Ethel Huebner and Edna Faeser for their assistance and the staff of the National Office for mimeographing and distributing the material.

She reported that an effort has been made to incorporate in the revised Formation and Function and the Constitutional Guide those provisions in the present Formation and Function and Constitution of the A.O.T.A. and those past actions of the House which pertain to the organization and functioning of the House of Delegates and its affiliated associations. The Handbook represents the initial endeavor by the House of Delegates to formulate a manual to guide the delegates and the House officers in the discharge of their respective duties.

The report was accepted with appreciation.

A complete review of the revised Formation and Function, Constitutional Guide and Handbook followed. The corrections, additions and deletions which were voted by the delegates are not included in this report. The Committee will incorporate these revisions in corrected versions which will be sent to the delegates.

*It was voted:* That the "Formation and Function of the House of Delegates of the A.O.T.A." and the "Constitutional Guide for Affiliated Associations of the House of Delegates of the A.O.T.A.", incorporating the revisions voted by the delegates, be approved and adopted by the House of Delegates; that the constitutions of all affiliated associations be re-written in accord with the provisions stipulated in the Constitutional Guide; that tentative drafts of the constitutions of all affiliated associations shall be submitted to the Secretary of the House of Delegates on or before February 1, 1951; that the official constitutions of all affiliated associations shall be in the hands of the Secretary of the House of Delegates on or before July 1, 1951.

*It was voted:* That final approval of the Handbook be deferred; that suggestions regarding corrections, additions or revisions be submitted to the Chairman of the Committee; that the Handbook be presented for reconsideration at the 1951 meeting of the House of Delegates.

#### REPORT OF LIFE MEMBERSHIP COMMITTEE

The report of the Committee was given by Eileen Dixie. Life membership in the A.O.T.A. was discussed by the Board of Management at its April 1950 meeting. The Board recommended to the House of Delegates that life membership in the A.O.T.A. does not seem to be a feasible or practicable plan at the present time.

*It was voted:* That the recommendation of the Board of Management be approved; that no further consideration be given the life membership plan.

#### DUAL BILLING AND COLLECTION OF A.O.T.A. AND LOCAL ASSOCIATION DUES

At the April 1950 meeting of the Board of Management the Board voted against the proposal that the National Office collect both state and national dues on the grounds that it would involve additional clerical and

bookkeeping duties and could not easily be absorbed.

*It was voted:* That the decision of the Board of Management be accepted; that the local associations continue to collect local dues.

#### SCHOLARSHIP FUND

At the April 1950 meeting of the Board of Management, the Board recommended that contributions from state associations and other donations be used to establish a scholarship fund, awards to be considered when the amount has reached \$1,000. The matter was referred to the House of Delegates for consideration.

The recommendation of the Board was discussed by the delegates.

*It was voted:* That the House recommend to the Board of Management the amount allocated in the budget for a scholarship be designated as the nucleus of such a fund; that contributions from state associations, gifts and memorials, when so designated, be used to augment the fund; that consideration regarding expenditure be deferred until the fund reaches \$1,000.

*Board Action:* (Reported by Miss Fay) Approved.

#### NEW BUSINESS

##### CIVIL DEFENSE

The Board of Management recommended that the delegates encourage the local associations to offer their services and participate in the local Civil Defense Programs. A bulletin, "United States in Civil Defense", is available from the U. S. Government Printing Office, Washington 25, D. C.

##### A.O.T.A. CONVENTIONS

Two associations requested that the House of Delegates consider the feasibility of holding A.O.T.A. conventions and regional meetings in alternate years. As the delegates were not instructed regarding this matter it was referred to the local associations for consideration and will be included on the 1951 agenda for the House.

*Board Action:* (Reported by Miss Fay) It was recommended that the matter be referred to the local associations for an expression of membership opinion. If the membership should favor this departure it could not be effected for at least two years as arrangements have already been made for the next two annual conventions. The Board requested clarification regarding: What constitutes a region? What would be the plan for conducting such meetings? The Board requested that expressions of membership opinion and suggestions from the local associations be submitted to the Speaker of the House prior to the April 1951 meeting of the Board of Management.

##### SOCIAL SECURITY

The Social Security Program recently authorized by Congress was discussed.

*It was voted:* That the House of Delegates request from the Board of Management an expression of opinion regarding the policy of the A.O.T.A. toward providing assistance for the establishment of social security programs in institutions, when such assistance is requested.

*Board Action:* (Reported by Miss Fay) The Board advised that such assistance is a part of the service offered by the A.O.T.A. to its members.

##### HONORARY LIFE MEMBERSHIP AWARD OF MERIT

Clarification regarding eligibility for honorary life memberships and awards of merit was requested.

*It was voted:* That the House of Delegates request from the Board of Management a statement of policy regarding the essentials which determine eligibility for Honorary Life Membership and the Award of Merit.

*Board Action:* (Reported by Miss Fay) The Constitution of the A.O.T.A. provides that "Honorary life membership may be conferred upon those who have performed

distinguished service in the field of occupational therapy." The precedent has been established that this honor shall be conferred only after the member has retired from active duty. The Award of Merit is commendation of "a job well done".

#### MID-YEAR MEETING OF THE BOARD OF MANAGEMENT

According to the Formation and Function of the House of Delegates the annual meetings of the local associations shall be scheduled in March, April or May. When the mid-year meeting of the Board of Management is held in April, the Speaker's report of the Board meeting and the Agenda for the annual meeting of the House of Delegates do not reach the delegates of those associations which hold their annual meetings in March or April until after the annual meetings. The members of these associations hence have no opportunity to discuss the items on the Agenda and to instruct their delegates.

*It was voted:* That the Board of Management be requested to consider scheduling its mid-year meetings in March, rather than in April, in order that the agenda for the meetings of the House of Delegates and the Speaker's report of the Board meeting may be in the hands of the delegates prior to the annual meetings of the state associations.

*Board Action:* (Reported by Miss Fay) The Board advised that arrangements for the 1951 mid-year meeting, which is scheduled in April, have already been completed. After this year the Board will comply with the request of the House of Delegates that the mid-year meetings be held in March.

#### OLD RECORDS

*It was voted:* That the secretary be authorized to destroy all unessential correspondence, out-dated constitutions and old credential forms.

#### LETTERS AND REPORTS TO DELEGATES

*It was voted:* That all letters and reports from the Speaker to the delegates be sent in duplicate; that each delegate assume the responsibility of forwarding one copy to the alternate-delegate.

The Speaker thanked the Colorado delegate for the excellent arrangements which had been made for the meetings of the House of Delegates and asked that she convey the thanks of the delegates to the Colorado Occupational Therapy Association for their hospitality and well planned pre-convention meetings.

Mrs. Mary Clough, who served as recording secretary for the House meetings, was thanked for her services and presented with a gift from the delegates.

#### ELECTION OF OFFICERS AND DELEGATE BOARD MEMBERS

Speaker of the House of Delegates . . . . . Ella Fay  
Vice-Speaker of the House of Delegates . . . . . Blanche Ringel  
Secretary of the House of Delegates . . . . . Naida Ackley  
Delegate members of the Board of Management . . . . .  
. . . . . Veronica Dobranske and Eleanor Schreyer.

The meeting adjourned.

A final meeting of the House of Delegates was held following the last meeting of the Board of Management. Board actions on recommendations made by the House were reported by Miss Fay, the newly elected Speaker, and have been incorporated in the above minutes. Additional reports from the Board of Management were presented.

#### ASSOCIATE MEMBERS OF THE A.O.T.A.

The Board of Management advised that manual arts therapists, educational therapists and other interested individuals are eligible for Associate Membership in the A.O.T.A. Such associate members are welcomed by the A.O.T.A. It was suggested that they also be invited to become associate members of the local associations.



## NEW SCHOOLS

The Board of Management has notified the Canadian Occupational Therapy Association and the Administrators of McGill University and Toronto University that the A.O.T.A. does not approve the combined physical therapy-occupational therapy course offered by these schools and that graduates of these courses will not be granted reciprocity with the A.O.T.A.

## A.O.T.A. CONSTITUTION

Miss Spackman reported to the House of Delegates that the constitutional revision recommended by the House of Delegates at its 1949 meeting and approved by the Board of Management at its mid-year meeting, April 1950, had inadvertently not been referred to the Constitution Committee and hence had not been included in the proposed revisions of the constitution of the A.O.T.A., which were presented for vote at the annual meeting. The Board of Management has referred the matter to the Constitution Committee.

The meeting adjourned.

Edna Faeser, Speaker,  
House of Delegates, 1949-1950

# DELEGATES DIVISION

## ILLINOIS

*Delegate Reporter, Ella Fay, O.T.R.*

The Illinois Occupational Therapy Association during the past year has continued to bring to its members pertinent information and outstanding speakers to keep us informed with advancements in our own and allied fields. Miss Margaret Finnegan served as president from May 1949 through April of 1950.

For the benefit of those members who did not enjoy the privilege of attending our national meeting, the September meeting was an opportunity for all to learn of new developments and accomplishments of our entire national group. It was planned particularly to stimulate the interest of our younger therapists to encourage them to become more active in national field.

Miss Fay, who has served on the Planning Committee of the Welfare Council of Chicago, Division of Geriatrics brought together a group of therapists working in this field, plus allied workers, for a round table demonstration of occupational therapy with the aged. This was presented at the Council to a group of approximately 75 members from the 47 agencies for the aged in this area.

This panel was repeated at one of the meetings of the Illinois Association of Occupational Therapy. It demonstrated the need of more therapists in this field as well as the correlation of occupational therapy with allied groups in the institutions for the aged.

At the November meeting Mrs. Georgine Theiss gave a splendid demonstration of the use of dramatics in occupational therapy. She demonstrated games and other techniques as used with both children and adults. She also gave considerable reference material which could be utilized at a later date by the therapists.

In January representatives from occupational therapy departments in this area told of the development, progress and future hopes for the departments in their hospitals. This brought information to new members and also provided a means of exchange of ideas and possible developments for other departments.

The February meeting was most inspiring and informative. Dr. Julius Richmond told of the over-all program

for better care and service to children at the University of Illinois. He stressed the great need of having the occupational therapist in the receiving service to meet the children and the family; to learn special habits and interests of the child, about specific toys which meant much to the child. This specific contact and information is particularly helpful in assisting the child in making the adjustment to this new and many times frightening experience. Another point brought out was that colored uniforms in pastel shades were far better from the psychological point of view; since so many children are disturbed by the inevitable "white" uniforms. He discussed specific psychological approaches which should be used in working with the child.

The March meeting brought out many interesting queries. At this meeting a group of young therapists who were in the field less than two years discussed the value of the information given them in the schools and clinical training centers as preparation for their active experience in the field. They also brought out many points about which they would have appreciated more information and experience; this was particularly related to the Home Service area of training.

In April Miss Ruth Bachman of Winfield Sanatorium, gave a very informative talk on the relation of occupational therapy to the over-all rehabilitation program for the tuberculosis patient. Her department is in a particularly progressive hospital and is with a very active and well coordinated program of rehabilitation. The May meeting brought annual reports, election of officers and other special business.

The following officers were elected to serve for the year 1950 to April 1951:

Mrs. Martha Vagle, O.T.R.,	President
224 Elgin Ave., Forest Park, Illinois.	
Miss Mary McDonough, O.T.R.,	Vice president
Veterans Hospital, Downey, Illinois.	
Miss Catherine Hoffam, O.T.R.,	Secretary
Winfield Sanatorium, Winfield, Illinois.	
Miss Grace DeTamble, O.T.R.,	Treasurer
1853 W. Polk St., Univ. of Ill., Chicago 12, Illinois.	
Miss Ella V. Fay, O.T.R.,	Delegate
1825 W. Harrison St., Chicago 12, Illinois.	
Miss Florence McLean, O.T.R.,	Alt. Delegate
1853 W. Polk Street, Univ. of Ill.	
Chicago 12, Illinois.	

Delegates or representatives were appointed to the following affiliated community groups:

Women's Share in Public Service  
Welfare Council of Metropolitan Chicago  
Illinois Society for Mental Hygiene

Miss Alice Clements was elected to serve as co-ordinator to represent Indiana, Illinois and Wisconsin at the Tri-State Hospital Assembly which is held each year during the first week in May. Miss Clement's address is 1853 W. Polk Street, Chicago 12, Illinois.

The Illinois O.T. Association held one meeting with the Physical Therapy Association and also were guests at two of their later meetings. Our representatives attend special and annual meetings of the group to which they are assigned and bring back reports to our meetings.

The September meeting was held at Hines Veterans Hospital. Mr. Russell Williams gave an outstanding demonstration of the re-training and rehabilitation of blind veterans. This is the official training center in the United States, and the course is eighteen weeks. The course starts with self help, self-service in a cafeteria, ability to get around the hospital, then the grounds of the hospital, later in local residential and then business districts of surrounding towns and finally into downtown Chicago. They are taught to use a 48" aluminum cane to assist them in getting around. Further training in the special unit carried them through many tasks and

finally to the ability to use wood and metal lathes. It was a thorough and informative program.

Plans are under way for a special institute for occupational therapists throughout the state, who cannot come to the regular meetings. It will consist of outstanding speakers on psychiatry and physical injuries which will be followed by round table discussions. In this way we hope to have this group become better informed and be much closer to the larger organization in Chicago.

Recruitment has played a very important part this year. Miss Wade worked with a most interesting plan down state. Students from many high schools and junior colleges were brought together in Champaign for a full day's program on occupational therapy. After the regular session the students were seen individually to discuss further information about our profession. Other members of our association attended, as in past years, a number of Career Day programs in local high schools. Literature on occupational therapy was sent out to many schools and colleges. We provided an exhibit at the annual meeting of Women's Share in Public Service. One of our members assisted in the teaching in the Hobby Clinic which was sponsored by the Welfare Council of Chicago. This was a trial run to teach various types of activities and programs which can be used for the aged individuals brought to the clinic by their Friendly Visitors, as well as many representatives from nursing homes. This was very successful and plans are now under way to open about 25 such Hobby Centers throughout Chicago.

Our membership committee has been very active and many new members have joined us but we have also lost many to "cupid". We still have 75 members. At each meeting attendance is kept so that we know how many members as well as how many visitors come to learn of our activities.

The directors of occupational therapy departments in this area met with Dr. McCullough, who is directing the care and treatment of cardiac children in Chicago, to coordinate services of the various hospitals with that of the community and LaRabida Sanatorium.

The Illinois Occupational Therapy Association has started a scholarship fund with \$100. This will be added to each year and when \$500 has been accumulated it will be used.

We have had a very interesting and busy year and are looking for greater "Peaks" for next year.

## DISTRICT OF COLUMBIA

*Delegate Reporter, Violet Corliss, O.T.R.*

Nine meetings were held by the District of Columbia Occupational Therapy Association during the past year.

In January our guest speaker was David Amato, Chief of the District of Columbia Vocational Rehabilitation Office. He discussed the services of this office as dispensed in this city, its acknowledged shortcomings and the remedies for them. Also discussed were the differences between the two bills on services to the handicapped which have had hearings "on the hill" in recent months.

Our recruitment program was concentrated in a tea for university and high school counselors which was held at the officers' club at Walter Reed General Hospital in February. At the meeting the motion picture "Time Out" was shown.

In accordance with the custom of recent years a tri-state meeting sponsored by District of Columbia, Maryland and Virginia was held in Williamsburg, Virginia in March. Dr. J. Barrett, active for many years in psychiatry in Virginia talked about the mental hygiene clinics which he has been instrumental in establishing. Dr. B. Nagler spoke on "Art for the Mentally Ill".

In March we also had a joint meeting with the physical therapists at George Washington Hospital. Robert Conklin of the American Federation of the Physically Handicapped talked about camping and other recreational activities for handicapped adults in Washington and the need for developing opportunities in this area; H. Richard McCamant, Vocational Officer for the United States Civil Service Commission, on job requirements and opportunities for the handicapped in Government Service; Robert Hutchison, Director of the District Speech Clinic, on speech therapy.

Dr. Arthur Sims was guest speaker for the April meeting and his topic, "Rheumatic Fever".

The annual meeting was held in May.

The September meeting was devoted to a discussion of items presented by the delegate.

In October, Eleanor Loomis, R.P.T., Director of Physical Therapy and Occupational Therapy in Federal Security, described the program of Physical Medicine and Rehabilitation operating in the United States Public Health Hospitals.

As guests of the District of Columbia Physical Therapy Association in November we heard Earl Daniel of the New York University—Bellevue Medical Center Institute of Physical Medicine and Rehabilitation speak on "The Rehabilitation of the Amputee".

This year many occupational therapists joined the physical therapists in an advanced course in "Neuroanatomy" given by Dr. Othmar Solnitzky, lecturing professor and physician at Georgetown University. A number of us also are currently participating in a "Seminar in Occupational Therapy" conducted by Dr. Douglas Noble of the Washington School of Psychiatry.

### Officers

President ..... Jane Meyers, O.T.R.  
Vice President ..... Mary Beach, O.T.R.  
Secretary .... Marjorie McMichael, O.T.R.  
Treasurer ..... Jane Kerr, O.T.R.

## MICHIGAN

*Delegate Reporter, Janet M. Paterson, O.T.R.*

The Michigan Association has had 89 active members this year and 23 associate. Our one state meeting of the year was held May 5th and 6th at Kalamazoo, the State Hospital Department being host one day and Western Michigan College the next. After the business session was over the meeting was highlighted by a lecture and clinical demonstration by Dr. Charles Van Riper, head of the speech correction department of the college, and a talk and movies on the Cerebral Palsy Training Center, by Joanne Ogden, O.T.R. A most inspiring talk on the problems of the aging by Dr. Schrier of the State Hospital staff followed. At the banquet at the Hotel Harris, Miss Lydia Siedschlag, chairman of the Art Department of the college, was the speaker. Miss Siedschlag is responsible for planning the interior decoration of the new college buildings and is as fascinating to listen to as are her buildings to wander through. Saturday morning a trip through the new Arts building in which the O.T. school is now located, and craft demonstrations completed the program.

Because the members have felt it inadvisable to have more than one state meeting a year, Michigan has continued its sectional group system, and at least in the more concentrated areas, has found this to work out very well. The Detroit group has been augmented this past year by the Pontiac-Flint group, and now has more than 25 voting members. Kay Peabody has been president of the Detroit Chapter this year, with Von Hines, vice-president and Eleanor Truskowski, secretary-treasurer. Alice Miller, as program chairman, worked out a number of interesting meetings for the monthly sessions,

including a visit to the Pathfinder (leader dog) Society, a lecture on talking books, a visit to Pontiac State Hospital department, where one of the hospital psychologists gave an exceptionally fine paper on finger painting, an annual visit to the Windsor Workshop, a recruitment work-meeting combined with a Chinese supper, a demonstration of copper enamelling by Barbara Jewett and two joint meetings with the physical therapists of eastern Michigan were held. The second of these was November 4, and was an outgrowth of an O.T.-P.T. Workshop held last spring under the sponsorship of the state Crippled Childrens Commission and the State Department of Special Education. One of the discussion groups at that workshop had focused its attention on the standardization of special apparatus for cerebral palsy, and the meeting this fall was the result of committee work in the six month interim.

The Ann Arbor-Ypsilanti-Eloise area also has a large group of O.T.R.'s and this fall they have had two meetings, one at the Rackham School of Special Education in Ypsilanti with Mrs. Herrick and Miss Ware of the O.T. department in charge, and the other at the Veterans' Center of the Neuropsychiatric Institute in Ann Arbor. The Kalamazoo group of O.T.'s has centered its activity mainly around the O.T. school and the new Cerebral Palsy Treatment Center and the C. P. Parents' Forum.

Two new chapters of M.O.T.A. have been started during the past year, a Lansing-Mt. Pleasant group, and a Grand Rapids group. Both of these are very small as yet, but both agree that we need to have a working acquaintance with the other O.T.'s in our respective areas, and the Grand Rapids group, although it has less than a dozen members is ambitiously planning a fine program for our annual state meeting there next spring. Inez Jensen is chairman of that project.

M.O.T.A.'s main project for the past year was, like that of most states, recruitment. Brochures, lists of all O.T. departments in the state, lists of recommended literature on O.T., and explanatory letters were sent to 400 high schools, 23 colleges and 11 junior colleges, as well as to a large number of libraries. The Detroit chapter gave 19 copies of HILL HAVEN to the high school libraries of the city. Kay Peabody did a survey on the library needs and this book was the one picked out by the librarian in charge of acquiring additions. The student clubs in the three schools of O.T. have also done their part in the recruitment effort, many talks to their home-town schools being one phase.

Volunteer Aide courses have been given by Miss Jewett of Wayne University, and more recently by Mrs. Wilkins of the Pontiac State Hospital, to selected high school girls in the community. The other O.T.'s in these areas have cooperated by giving lectures to these young students on the different phases of occupational therapy as covered by their respective departments.

A further educational enterprise has been the clinical directors meetings held periodically. Approximately 25 clinical directors attended the one in Kalamazoo last winter, and about the same number this past November 4th at Ypsilanti. Both meetings were very successful. Part of the time at the fall meeting was devoted to reporting on the pre-convention meetings in Colorado, and the people who had not gone to the convention expressed considerable appreciation over receiving the news of what had transpired so promptly.

#### Officers

President	Frances Herrick, O.T.R.
Vice-President	Katherine Habel O.T.R.
Secretary	Ruth Miller, O.T.R.
Treasurer	Mary Nelson Willey, O.T.R.
Delegate	Janet Paterson, O.T.R.
Alternate	Millah Nikkel, O.T.R.

## Events Calendar

June 14 - 16, 1951

Annual convention of the American Association of Rehabilitation Therapists, Phoenix Hotel, Lexington, Kentucky.

June 17 - 22, 1951

28th annual conference of the American Physical Therapy Association, Hotel Colorado, Glenwood Springs, Colorado.

September 4 - 8, 1951

29th annual scientific and clinical session of the American Congress of Physical Medicine, Shirley-Savoy Hotel, Denver, Colorado.

September 8 - 15, 1951

Annual convention of the American Occupational Therapy Association, Wentworth-by-the-Sea, Portsmouth, New Hampshire.

October 3 - 6, 1951

Annual convention of the National Society for Crippled Children and Adults, Palmer House, Chicago, Illinois.

## Book Reviews

### HANDBOOK FOR VOLUNTEERS IN MENTAL HOSPITALS

Ida Jerome Davis

University of Minnesota Press, Minneapolis

40 pages

An informative, gaily illustrated book that should prove valuable to any group supervising volunteers, especially in a mental hospital. There are suggestions for planning a volunteer group, orienting them and for understanding the work, the hospital and the patient. Any volunteer group will want one for each member.

### INVISIBLE MENDING

Culver Products Co., Dept. 11

3630 Eastham Dr., Culver City, Cal

\$1.00

Here is a small manual that offers a new activity to occupational therapists. Invisible mending is a craft all of us can utilize and it may offer the opportunity of a vocation to some handicapped people. The techniques are clearly illustrated and described so that all can follow; however, the book does emphasize that skill comes with practice so that it is well to practice on swatches at first.

## MEMBERS OF THE HOUSE OF DELEGATES

*Speaker of the House* - - - - Ella Fay, O.T.R.  
*Vice-Speaker* - - - - - Blanche Ringel, O.T.R.  
*Secretary* - - - - - Naida Ackley, O.T.R.

July 1948—July 1951

### *California, Northern*

Miss Louise Burton, O.T.R.  
 1519 Masonic Ave., Apt. 4  
 San Francisco 17, Calif.

### *California, Southern*

Miss Carlotta Welles, O.T.R.  
 L.A. County General Hospital  
 Box 361  
 Los Angeles 33, Calif.

### *Georgia*

Miss Martha Schnebly, O.T.R.  
 Emory University Hospital  
 Emory University, Georgia

### *Indiana*

Miss Edna Faeser, O.T.R.  
 Occupational Therapy Dept.  
 Indianapolis General Hospital  
 Indianapolis 7, Ind.

### *Iowa*

Miss Maxine Ferrell, O.T.R.  
 2320 33rd St.  
 Des Moines, Iowa

### *Kentucky*

Miss Nell McCulloch, O.T.R.  
 2120 Kenilworth Place  
 Louisville, Ky.

### *Maryland*

Mrs. Eleanor Stisser Owen, O.T.R.  
 The Seton Institute  
 6420 Reisterstown Rd.  
 Baltimore, Md.

### *Michigan*

Miss Janet Paterson, O.T.R.  
 449 West Ferry  
 Detroit, Mich.

### *Northern New England*

Miss Eileen Dixie, O.T.R.  
 Director of Occupational Therapy  
 New Hampshire State Hospital  
 Concord, N. H.

### *Pennsylvania*

Miss Ruth Greve, O.T.R.  
 Visiting Nurse Society  
 1340 Lombard St.  
 Philadelphia, Pa.

### *Wisconsin*

Miss Jeanne Foy, O.T.R.  
 Curative Workshop of Milwaukee  
 750 N. 18th St.  
 Milwaukee, Wis.

July 1949—July 1952

### *Connecticut*

Mrs. Ruth W. Woodruff, O.T.R.  
 Laurel Heights Sanatorium  
 Shelton, Conn.

### *District of Columbia*

Miss Violet Corliss, O.T.R.  
 Upshur St. Hospital  
 Washington 11, D.C.

### *Missouri*

Mrs. Agnes Rickman, O.T.R.  
 7615 Teasdale Ave.  
 St. Louis, Mo.

### *New Jersey*

Miss Naida Ackley, O.T.R.

New Jersey State Hospital  
 Station A  
 Trenton, N. J.

### *New York*

Mrs. Blanche M. Ringel, O.T.R.  
 88 Forrest Hill Parkway  
 Newark 4, N. J.

### *Oklahoma*

Miss Dorothy Mann, O.T.R.  
 University Hospital  
 Oklahoma City, Okla.

### *Pennsylvania, Western*

Miss Dorothy J. Wirt, O.T.R.  
 Occupational Therapy Dept.  
 Western State Psychiatric Institute and Clinic  
 3811 O'Hara St.  
 Pittsburgh 13, Pa.

### *Tennessee*

Miss Elizabeth Withers, O.T.R.  
 Crippled Childrens Hospital  
 2009 Lamar Ave.  
 Memphis, Tenn.

### *Texas*

Miss Cornelia Watson, O.T.R.  
 Scottish Rite Hospital  
 2201 Welbourne St.  
 Dallas, Texas

### *Washington*

Miss Theresa Burmeister, O.T.R.  
 Occupational Therapy Dept.  
 College of Puget Sound  
 Tacoma, Wash.

July 1950—July 1953

### *Colorado*

Miss Gloria C. Rath, O.T.R.  
 Director of Occupational Therapy  
 Denver General Hospital  
 Denver, Colo.

### *Hawaii*

Miss Jean Walworth, O.T.R.  
 Territorial Hospital  
 Kaneohe, Oahu, T.H.

### *Illinois*

Miss Ella Fay, O.T.R.  
 Director of Occupational Therapy  
 Cook County Hospital  
 Chicago, Ill.

### *Kansas*

Mr. John Redjinsky, O.T.R.  
 Menninger Foundation  
 Topeka, Kansas

### *Massachusetts*

Mrs. Veronica Dobranske, O.T.R.  
 Boston School of Occupational Therapy  
 Boston, Mass.

### *Minnesota*

Miss Genevieve Anderson, O.T.R.  
 Occupational Therapy Director  
 Veteran's Administration Hospital  
 Minneapolis, Minn.

### *New York, Western*

Miss Eleanor Schreyer, O.T.R.  
 Veteran's Administration Hospital  
 Bailey Ave.  
 Buffalo, N. Y.

### *Ohio*

Miss Mildred Schwagmeyer, O.T.R.  
 Benjamin Franklin Hospital  
 Columbus 7, Ohio



#### Oregon

Miss Elizabeth Coulter, O.T.R.  
Chief Occupational Therapist  
Veteran's Administration Hospital  
Roseburg, Ore.

#### Puerto Rico

Miss Carman Perez, Chief O.T.  
State Ins. Fund  
Sancturce, P.R.

#### Virginia

Mr. Don Hines, O.T.R.  
Veteran's Administration Hospital  
Richmond, Va.

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Occupational Therapists for large psychiatric hospital located in New England. Progressive, all-inclusive program for patients. Student affiliations with excellent educational program. Modern home, good food. Maintenance optional. Liberal retirement plan and illness policy. Paid vacations and holidays. Write to Director of Occupational Therapy, Norwich State Hospital, Norwich, Connecticut.

**OCCUPATIONAL THERAPISTS** — positions available at the Fairfield State Hospital, Newton, Conn. Active, extensive program; clinical training center; recent salary increases; forty-hour week. Apply to Superintendent.

Occupational Therapists wanted in a progressive, psychiatric teaching hospital. Civil service, vacation and sick leave with pay. Write to Guy Morrow, O.T.R., Supervisor of O.T. Cleveland State Hospital, Cleveland 5, Ohio.

Responsible position for Registered Therapist available in N.Y. State Health Dep't. Hospital. Full support of the Occupational Therapy and Rehabilitation Program from the Medical Staff. Excellent opportunities for ambitious person to acquire valuable experience and prestige. 40 hour 5 day week. Liberal vacation, holidays and sick leave paid. Salary \$3036.00 with 5 annual increments to \$3714.00. Full maintenance available for \$20.00 semi-monthly. Write to Richard Nauen, M.D., Medical Director, J. N. Adams Memorial Hospital, Perrysburg, New York.

Applications invited from Graduate Registered Therapists, either man or woman, for a position of responsibility in a large psychiatric hospital in the East. Progressive, well organized department. Student training program, good living conditions. Civil Service and excellent opportunity for advancement for a therapist who has proven or can demonstrate ability. Outline experience first letter. Write O-5, American Journal of Occupational Therapy.

**WANTED IMMEDIATELY:** Occupational Therapist. Ideal location. Intensive therapy. New building program underway. For further details contact Summit County Receiving Hospital, Cuyahoga Falls, Ohio.

**WANTED:** an O.T. with special training in cerebral palsied children's services for York, Pa., special public school class. For information address Netta Ford, 218 E. Market St., York, Pa.

**AJOT V, 2, 1951**

**OCCUPATIONAL Therapists** for positions as rehabilitation coordinators. Starting range \$2700 and full maintenance to \$3000. Illinois Tuberculosis Association, 730 South Sixth Street, Springfield, Illinois.

**WANTED:** For General Hospital, assistant therapist with or without experience. Write to Miss Margaret Waters, Miami Valley Hospital, Dayton, Ohio, for further particulars.

Six **SUPERVISORS OF REHABILITATION THERAPIES** are needed for CALIFORNIA Mental Institutions. Starting salary \$4,512. Nationwide Civil Service examination open to persons with two years supervisory experience, and 1) registration as occupational therapists, 2) equivalent to college graduation with recreation major or 3) two years graduate work in a social work school. Vacation, sick leave, all holidays, and retirement benefits. Applications accepted until April 5, 1951. Write for official forms, Recruitment Section, Dept. SRT-1, State Personnel Board, 1015 L Street, Sacramento, California.

**WANTED:** Registered occupational therapist for Cerebral Palsy Clinic. Send credentials and references. Susanna P. Deal, Director, Albany Hospital Cerebral Palsy Treatment Center, 26 Eagle Street, Albany, N. Y.

**CHALLENGING** opportunities for occupational therapists in all phases of psychiatric occupational therapy. Civil service appointments. Beginning salaries \$3204-\$3528. Continued development and expansion of exceptional treatment, training and research center in conjunction with Menninger Foundation. Contact Coordinator of Adjunctive Therapies, Topeka State Hospital, Topeka, Kansas.

**WANTED, O.T.** for C.P. clinic, experience necessary, permanent position, pleasant working conditions. Write C.P. Assoc. of Mercer County, Box 436, Trenton, N. J.

**OCCUPATIONAL** therapist needed for work in cerebral palsy unit Lincoln public schools, Lincoln, Nebraska. Service to begin either now or next fall. Please contact Steven N. Watkins, Superintendent of Schools.

## A.J.O.T. CONTEST

The American Journal of Occupational Therapy is offering a prize for the best thesis written by an occupational therapy student receiving his occupational therapy certificate during the year 1951.

The article may be on any phase of occupational therapy and should be between 5000 and 8000 words. If a thesis is required for graduation, a copy of this thesis may be submitted if this meets with the approval of the school officials.

The winning thesis will be announced in the October issue and published in the December issue of the Journal.

All entries must be accompanied by a title page which also contains the name, address, school and date of graduation of the applicant. No name must appear in the manuscript proper. All entries must be postmarked on or before midnight July 1, 1951. Address entries:

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1916 East Glendale Ave.  
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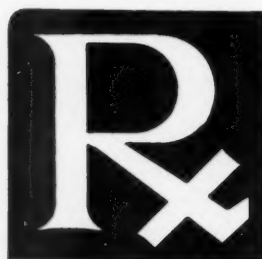
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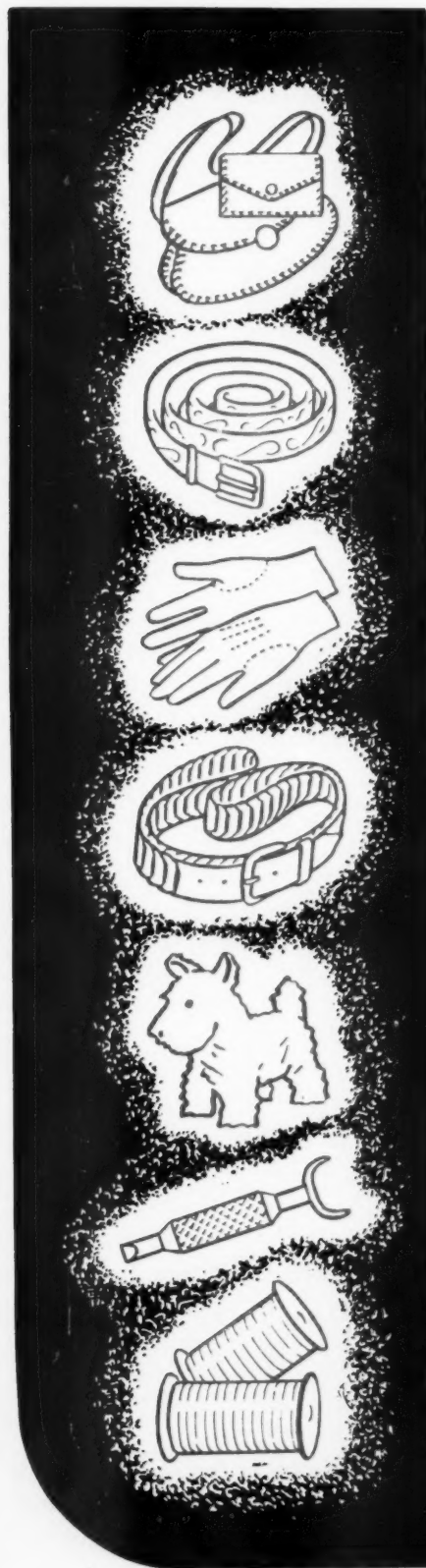


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